

Rose L. Wang General, Cosmetic & Implant Dentistry

394 Lowell St Suite 2
Lexington, MA 02420
Tel 781.862.3333

Appointment Policy

We strive to render excellent dental care to you and all of our patients. In attempt to be consistent with this, we have an Appointment Cancellation Policy which allows us to schedule appointments for all patients. When an appointment is scheduled, time has been set aside for you and when it is missed, this time cannot always be used to treat another patient.

Our policy is as follows:

We require you give our office 24 hours' notice in the event you need to reschedule your appointment. This allows for us to rework the schedule. If you miss an appointment without contacting our office at 781-862-3333 within this required time, it will be considered a missed appointment. We know life can get busy and forgetting an appointment can happen, so with that being said, if it is noticed that last minute cancellations become a trend, a fee of **\$35** will be applied to your account for any missed dental or cleaning appointments.

If you have any questions regarding this policy, please let our office staff know and we will be able to clarify any questions you have.

We thank you for your patronage.

I have read and understand the Appointment Cancellation Policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

I, _____ (print name), have received a copy of Dr. Rose L. Wang DMD Appointment Cancellation Policy.

Signature of Patient

Date