



Cancellation and Missed Appointment Policy

Our goal at *Paula I. Kapec, DDS, PLLC* is to provide our patients with quality and convenient care. Since your appointment time is reserved specifically for you, late cancellations and missed appointments may prevent others from receiving necessary services.

We understand that situations may arise that require you to reschedule an appointment. When possible, we ask that you change your appointment at least **48 hours** in advance by calling or messaging our office at (336) 272-4193.

In the event of a missed ("**no-show**") appointment, or cancellations without a **24 hour notice**, a fee of **\$50/hour of scheduled service time** may be applied to your account.

These fees must be paid before another appointment can be scheduled. Multiple missed appointments may result in dismissal from the practice.

We appreciate the opportunity to care for you here at *Paula I. Kapec, DDS, PLLC*!

Print Name: _____

Signature: _____

Date: _____



By signing, you acknowledge that you have read and understand our Cancellation and Missed Appointment Policy.