

BRESSI RANCH

Family Dentistry

Michelle Lee, DDS

6221 Metropolitan Street Ste. 200

Carlsbad, CA 92009

Phone: 760-602-9500

Fax: 760-602-9510

Appointment Policy

As a courtesy to our patients, we will call and remind you of your appointment 24 hours in advance. If we are unable to contact you, we will still expect you to arrive for your appointment on time.

Cancellations

We schedule a specific amount of time with the doctor or hygienist. This time is scheduled just for you and we ask that you give us at least a 24 hour notice if you want to cancel or change your appointment. Not providing adequate notice will result in a minimal charge of \$50. **We do not accept cancellations on our message service before or after hours. Cancellations need to be made during normal office hours.**

We do understand that emergencies do arise or that we may have to reschedule if one of our staff members calls in sick. When you do not notify us of your inability to keep an appointment, another patient in need of dentistry and waiting for an appointment, is prevented from receiving treatment.

Arriving Late

Because our office is maintained on a tight schedule, arriving late for an appointment may result in us not being able to start or complete treatment in the remaining amount of time. To provide you with proper dental care, it may be necessary to reschedule your appointment.

I understand that the time of Bressi Ranch Family Dentistry and their staff is valuable and that they need some recourse to protect the practice from repeated disruptions in their schedules. Therefore, I hereby agree to pay a broken appointment charge of \$50 for any appointments that I make and then either break or cancel with less than 24 hours notice. This fee is generally waived on the first occurrence and in cases of extenuating circumstances. However, habitual disruptions will be charged to my account and no further appointments can be made until the charge is paid.

Print Patient Name: _____

Signature: _____

Patient, Parent, Guardian

Date: _____

Relationship to Patient: _____