

*Style Your Smile Family & Cosmetic Dentistry, LLC*  
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## MISSED APPOINTMENT AGREEMENT

We value you as a patient and need your cooperation with keeping appointments so that we can provide you care. When a patient does not show up for a scheduled appointment or cancels too close to the scheduled time, we are unable to fill this appointment time with another patient who needs dental care.

This policy is our attempt to ensure that both you and other patients receive the dental care that is needed.

Patients are allowed **two** broken appointments in a 12-month period. This includes no call/no shows, and/or late cancellations.

Our policy requires:

**Timely Cancellations:** - If you need to cancel or reschedule your appointment, please call us at least 24 hours before your scheduled appointment. If no one is at the office to receive your call, you must leave a voice message. **Cancellations made with less than 24 hours' notice will be considered a missed appointment.** Please initial.

If for any reason, you miss a scheduled appointment or cancel **twice** within a 12-month period, you will not be scheduled for another appointment.

**In addition, the office reserves the right to charge you \$25 for each missed, scheduled appointment and also to dismiss you as a patient and no longer provide services to you after two broken appointments.** Please initial.

If you continually/consistently reschedule appointments, **even if it is within the required 24-hour time period**, the office reserves the right to dismiss you as a patient and no longer provide services to you. Due to this behavior, we are unable to fill the appointment time with another patient who needs dental care. Please initial.

Thank you, and we look forward to a continued, successful relationship with you and your family.

**Dr. Sudha Alexander and Team**

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**Patient or Parent/Guardian Signature**

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**Date**