



902 Dupont Road ♦ Louisville, KY 40207
502.895.8577

Thank you for allowing us the privilege of being your dental provider. Our practice is dedicated to your quality care and is pleased to reserve the time exclusively for you. We attempt to schedule appointments that are most convenient for you and your personal schedule.

We respect your time and make every effort to remain on schedule. However, some visits are more complicated than anticipated and things may arise that delay us. We hope that you understand and appreciate that the necessary time will be allowed for your office visit.

If you are going to be late for your scheduled appointment with us, we ask that you please notify us. If you will be significantly delayed, **more than 15 minutes**, then you may be asked to reschedule, so that we may remain on schedule for our other patients.

We strive to create a schedule that most efficiently provides for the needs of all of our patients. If you find that you cannot keep your scheduled appointment, we **require a minimum of 24 hours notification**. This allows your reserved time to be made available for other patients. To notify us of any change, please call our office during business hours.

Effective August 1, 2007 any patient who simply fails to show up for their scheduled appointment will be assessed a \$40.00 fee due on or before their next scheduled appointment. Thank you for your understanding and patronage.

Signature: _____ Date: _____