

**BELLA DENTAL SERVICES
4122 E PONCE DE LEON AVE
SUITE #5
CLARKSTON GA 30021**

Office Appointment Agreement

We, at **BELLA DENTAL SERVICES**, value our patients' time, and therefore do everything possible to see our patients at their scheduled appointment times.

In order to accomplish this, we typically book only one patient at a time for any given appointment. For that reason, we ask that you give us at least two business-days notice, should you need to change or cancel an appointment you had previously asked us to reserve. This courtesy allows us to practice more efficiently by allowing another patient to have that appointment time. It also allows us to keep our fees as low as possible.

If a shorter notice is given, and your reserved time goes unused, you may be charged for the value of the time lost to the practice, usually the fee for the scheduled procedure that you missed.

It is our goal to provide our patients with the highest quality dental care possible in a comfortable, efficient, and convenient fashion. Thank you for your understanding and your cooperation.

I understand the BELLA DENTAL SERVICES Appointment Policy:

Name

Date