

(Signature)

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 $\underline{www.TateFamilyDentistry.com}$

We understand that sometimes circumstances arise that prevent patients from keeping appointments. (It happens to the best of us!) It is office policy to charge patients a \$50.00 fee for broken appointments. (Failing to show for an appointment or giving us less than 24 hours' notice constitutes a broken appointment.) In the future, if you find it impossible to keep an appointment, please give us a call 24 hours in advance. With this notice, we can reschedule your appointment and let another patient have the appointment time originally reserved for you.

We request this courtesy because it allows us to see our patients promptly. It also helps us provide more affordable dental care for all of our patients.

I certify that I have read this agreement and understand this office's appointment policy and agree to the terms.

(Date)