

**LOCKPORT DENTAL GROUP  
230 E. 8<sup>TH</sup> ST., SUITE #C  
LOCKPORT, IL 60441**

**APPOINTMENT POLICY**

Our goal at the Lockport Dental Group is to provide prompt, high-quality dental care to our patients. When your appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit so that we can provide you the best possible care. As a result, we ask that if you must change an appointment, please give us at least 24 hours' notice.

***Missed appointments without 24 hours' notice may result in a thirty-dollar (\$30.00) cancellation fee, with payment expected at the start of the following appointment.***

***Repeated cancellations without 24 hours' notice or repeated missed appointments may result in dismissal from our practice or prevention from making future appointments.***

We feel that our patients' time is valuable. You can expect us to make every reasonable effort to be prompt. We would appreciate the same courtesy from you.

I, \_\_\_\_\_, understand and agree to this policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_