

**NYC DENTAL PRO**

45 Rockaway Parkway, Valley Stream, Ny 11580.

**DR. VENKATESH DENTAL CARE, P.C.**

**BROKEN APPOINTMENT POLICY**

Dentist's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

We want to thank you for choosing us as your healthcare provider. In order to give you and all of your patients the best possible care, we request that you review our policy regarding missed or broken appointments.

A missed or broken appointment is when you fail to show up for an allotted appointment time, without a phone call or cancellation notice of at least 24 hours.

or

We were unable to proceed with your scheduled procedure due to failure to follow pre-operative instructions, such as, but not limited to:

- Failure to take indicated medications (high blood pressure medications, pre-medication antibiotics, etc...)
- Failure to discontinue certain medications as indicated by your primary care physician (blood thinners, etc...)

Patients anticipating general anesthesia: upper respiratory infections (such as cough, cold, blocked sinuses, etc...) put the patients at a high risk for complications, therefore we will not be able to proceed with this type of sedation. If you are sick, please call us at least one working day in advance of your appointment to reschedule. Appointment must be rescheduled TWO WEEKS after ALL symptoms have completely disappeared.

Please remember that we have reserved an appointment time especially for you. Therefore, we request at least a 24 hour notice in order to reschedule your appointment. This will enable us to offer your cancelled time to other patients.

If you are unable to keep your scheduled appointment time, please call our office at least 24 hours in advance in order to avoid a missed appointment fee. This charge is not covered by insurance. Your phone call is critical in helping us provide continuous care to all of our patients. If you fail to give us notice of your missed appointment, you will be charged a \$150 missed appointment fee.

I have read and understand the policy stated above.

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