

Arlington Dental Associates
200 Little Falls St, Ste201B Falls Church, VA 22046
telephone: (703) 534 1222

BROKEN APPOINTMENT POLICY Time is valuable!

When you make an appointment, it is a verbal commitment to be here as scheduled. Please be advised that we require 48 hour notice if you need to remove or reschedule your appointment. Failure to give proper notice may result in a \$50.00 fee for each person that is scheduled. This policy will also apply if someone does not show up for an appointment.

As a courtesy, we attempt a phone reminder to confirm an appointment. However, it is ultimately the patient's responsibility to keep the appointment or to contact the office with a minimum of a 24 hour notice if that appointment cannot be kept.

We understand that emergencies do arise and will take them into consideration.

It is important for you to arrive on time for your appointment. If you are late, we may ask you to reschedule so that we have adequate time to provide your treatment.

Thank you!!!

Patient Name _____
(Please Print)