



Appointment Cancellation Policy

We pride ourselves in providing extra time for the personal attention each patient deserves. We respect your time and make every effort to keep you from waiting. As a result, your appointment time in this office is reserved exclusively for you.

We reserve the right to charge patients who do not reschedule with adequate notice, or who fail to keep their scheduled appointments.

How To Cancel Your Appointment

In order to be respectful of the needs of all Downtown Family Dental of Baraboo patients, if it is necessary to cancel your reserved appointment we require that you contact our office by 10:00am one (1) working day in advance. Appointments are in high demand and your early cancellation will give another person the possibility to access timely dental care.

To cancel an appointment, please call 608-356-3790 to speak with an office representative. If you do not reach an office representative, you may leave a detailed message on the office voicemail. You may not cancel a scheduled appointment via email.

No Show Policy

A 'no show' appointment occurs when a patient misses an appointment without canceling by 10:00am one (1) working day in advance. No shows inconvenience patients who need access to dental care in a timely manner. **Last minute/late cancellations are considered 'no show' appointments.**

Failure to be present at the time of a reserved appointment will be recorded in your patient chart as a 'no show'. The first 'no show' will result in a **\$25-** fee being applied to your account, as well as a letter being sent to your home alerting you that an appointment was missed without canceling. If there is a second 'no show' a **\$50-** fee will be billed to your account and a second letter will be sent. A third 'no show' will result in suspension of services and dismissal from our dental practice. Exceptions to this policy must be approved by the Office Manager.

By signing below I certify that I have read and understand the terms and conditions of Downtown Family Dental of Baraboo's appointment cancellation policy:

X _____

Patient Signature

_____ Date

