



Malinoski & Associates, D.D.S., P.C.

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*****Patient Agreement for Appointment*****

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when patients fail to keep scheduled appointments or cancel at the last minute.

Appointments are reserved exclusively for you. **A scheduled appointment is a commitment between you and our practice as a promise to appear.**

We require at least 24 hours, (2 days notice) for any cancelled or rescheduled appointments. **We reserve the right to charge \$39.00 for any missed or short cancelled appointment.** A missed appointment is considered a scheduled appointment in which you no show or cancelled/rescheduled with less than 24 hours (2 days) advance notice.

We sincerely appreciate your understanding and cooperation with this policy.

Patient Name: _____

Patient Signature: _____

Date Signed: _____