



Broken Appointment Policy Agreement

KID Dental Clinic, 819 NE 26th Street, Fort Lauderdale, FL 33305 954-567-5650

Due to the increasing number of broken appointments at the dental clinic, it is necessary to enforce a broken appointment policy effective immediately.

It is the responsibility of the patient (or the parent/guardian, in the case of a child) to notify the dental staff any time they will not be available for their appointment, at least 24 hours prior to the scheduled appointment time. When scheduling two or more patients per family, 48 hours will be required prior to the cancellation of the scheduled appointment.

Every effort will be made to contact patients the day before their scheduled appointment to remind them of the time and provide any instructions prior to the appointment.

When the staff is expecting a patient, they routinely prepare the treatment room, instruments and supplies for that patient's treatment. When the patient does not show up, it results in wasted staff time, supplies, and time that could have been used for other patients. We often have "repeat offenders" who do not notify us and do not show for their appointments. For this reason, we must enforce the following policy:

Effective July 18, 2011, **ANY** patient who misses two (2) scheduled appointments, without calling at least 24 hours in advance to cancel, will not be permitted to make scheduled appointments for the **ENTIRE FAMILY** for **90 days**.

You are more than welcome, during that time, to come in to the Clinic and wait on availability.

A repeat of two (2) additional missed appointments with no advance call to cancel will result in not being permitted to make scheduled appointments **for one year**.

The dental staff will make every effort to get a patient who is waiting on premises, in to see the dentist at the earliest available time.

I have read and understand the above statement. By signing below, I acknowledge that I will make every effort to notify the dental staff at least 24 hours in advance if I will not be able to make my scheduled appointment. I also understand that if I or a family member breaks two appointments without notice, we will not be scheduled for further services for one year from the date of last broken appointments.

Please circle one: *Patient* *Parent* *Guardian*

Signature: _____

Date: _____

Witness Signature: _____

Date: _____