



Harry Karna DDS APC

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APPOINTMENT & CANCELLATION POLICY

IT IS VERY IMPORTANT THAT YOU READ THIS POLICY CAREFULLY
BEFORE SIGNING.

We make every effort to schedule your appointment at your most convenient time. It is very important that you keep your appointment as scheduled.

This dental practice is committed to improving your oral health. You, on the other hand, must be committed in making your scheduled appointment time. This will then enable you to receive all necessary dental treatment for the betterment of your oral hygiene.

Our policy concerning cancelled or failed appointments is as follows:

1. A patient with an appointment must call at least 48 hours in advance prior to canceling or rescheduling their appointment time. Same day cancellations and/or rescheduling is not permitted and will result in a \$20.00 (twenty dollar) failed/cancellation charge, which will be billed directly to you.
2. This above failed/cancellation charge applies for **EACH** occurrence. After the **THIRD** cancelled or failed appointment, we will treat you for thirty days on an emergency basis only. At that time, we will give you an opportunity to find another dental office.

I, _____ (Print name of Responsible Party),
understand this policy.

Signature _____ Date _____

Witness _____ Date _____