

Name: _____

Cancellation and No Show Policy

Due to increased last minute cancellations and no shows, Eldorado Dental is forced to implement a cancellation and no show policy. If you need to reschedule or cancel, we ask you to give us a 24 hour notice to avoid a fee of **\$50.00**. The Dr. sets aside a certain amount of time just for your visit, and to give you his personal time. No shows and last minute cancellations cause lost time on his part that he could be helping someone else. Please give us the courtesy of **24 hours** to reschedule or cancel to avoid charges.

Thank you,

Eldorado Dental
Kim Reyes
Office Manager

I have read the above and agree: signature: _____
date: _____

Eldorado Dental ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices.

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify)

