



APPOINTMENT AGREEMENT

Thank you for choosing LandMark Dentistry as your dental provider. We are thrilled to have you as part of our dental family! As part of that family, we make every effort to value your time and commit to reserving a time frame in our schedule that is dedicated specifically for you.

We understand that on occasion appointments need to be changed at the last minute; in these instances we request a **48 hour notice** via phone call to 704-697-1190. In the event that 2 appointments are missed with no prior notice in a consecutive 6 month period, we require a non-refundable pre-payment in order to schedule the appointment a third time.

Thank you in advance for respecting the time we have reserved for you and entrusting us with your dental care. We look forward to working with you!

I, _____, have read and understand the above statements regarding the missed appointment policy.

Patient signature _____