

# **PATIENT APPOINTMENT AGREEMENT**

## **JOHN HENDRICKS, DDS**

**We make every effort to value your time and schedule your appointment time just for you.**

**We truly appreciate your courtesy of giving us 48 hours notice if you have a conflict with your appointment and need to schedule a different day or time. We are committed to your oral health and keeping your schedule appointments allows us to be partners in your dental care.**

- I acknowledge my appointment is a reservation.**
- I acknowledge I am a required to provide 48 hours notice to make any changes to appointments.**
- I acknowledge 8:00a.m. and 4:00p.m. appointments are considered VIP appointments, and if I missed an appointment without providing 48 hours' notice, I may not be able to schedule another VIP appointment.**
- I acknowledge after 2 appointments in which I do not provide 48 hours notice, I may be required to leave a \$25 deposit in order to schedule my next appointment.**
- I acknowledge after 3 appointments in which I do not provide 48 hours notice, I may not be able to pre-appoint.**

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**Patient Signature**

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**Date**