

Paul G. Wilke, D.D.S., A.I.A.O.M.T., A.C.N.

Total Mouth Fitness

14310 Northbrook Dr., Suite 150

San Antonio, Texas 78232

Ph: 210-495-5588 Fax: 210-495-5277

NO SHOW & CANCELLATION POLICY

Dear Patient,

We make every effort to provide you with an appointment that accommodates your schedule. Once an appointment is made, this time is reserved especially for you. If an appointment is cancelled without advanced notice it means that not only do you not get the treatment you need, but it also prevents another patient the opportunity to have that appointment time.

As a courtesy, we have an automated system Smile Reminder, that will notify you either by text or email of your upcoming appointment. Or if you prefer, a phone confirmation can be provided at your request.

For professional cleaning appointments, if you scheduled your appointment months in advance, a Smile Reminder will be sent to you one month before your appointment. This should allow you plenty of time to reschedule if the date and time you chose months' ago does not fit in your current schedule. If we do not hear from you, we will be expecting you on the day and time you originally selected.

We reserve the right to charge for appointments cancelled without 48-business hour advanced notice during regular business hours. The fee for this broken appointment is \$25.00. Long procedures, such as crown preparations or any surgical procedure, must be cancelled with 72 hours (3 business/working days) advanced notice to avoid a \$50.00 broken appointment fee. Exceptions to this can be determined on an individual basis according to the circumstances.

These broken fee charges are not a covered expense with any insurance company. This fee is considered the patient's responsibility. Payment for these broken appointments must be paid as soon as possible, before we see you on your next visit.

If you have any questions about this, please do not hesitate to ask any member at the front desk, as they will be glad to answer your questions. We believe that good communication is the key to excellence in dental care.

Thank you for your cooperation.

Sincerely,

Dr. Paul G. Wilke and Staff

I have read and understood the above information.

Patient Signature **X**: _____ Date: _____