



Ryder Waldron DDS

No Show/Cancellation Policy

At Sunset Dental Care, Dr. Waldron and his team want you to get the most out of your visits. Our schedule is very full and certain appointment times are not always available to patients who need them. For this reason we have a 24-hour cancellation policy. If you cannot make a scheduled appointment for any reason, we require 24 hours' notice of cancellation. When you call we will assist you in rescheduling your appointment.

Please read the following policy to help us better serve you.

1. We require that you cancel any appointment that you cannot make with no less than 24 hours' notice. We will get you rescheduled at that time.
2. While we understand that illness can come at any time, repeated cancellations for illness without 24 hours' notice **will not** be an accepted excuse for untimely notice.
3. For all appointments, we expect that you will **arrive on time** and ready to begin at your scheduled treatment time or you may be asked to reschedule.
4. While traffic can be unpredictable, we expect that you will **call us immediately** if you are running late for your scheduled appointment so we can be prepared if you arrive late.
5. Please be aware that if you are late for your appointment, you are missing the time that we have specifically scheduled for your care and we can't guarantee that we will be able to provide you with your full treatment as we have reserved the appointment time following yours for someone else. Chronically late patients will be asked to change their appointment times.
6. **Please note, we charge a \$50 missed appointment fee for no-shows and cancellations with less than 24 hours' notice. This amount is your responsibility as insurance will not cover a missed appointment fee. To avoid the \$50 fee, call our office 24 hours in advance to reschedule any appointments you can't attend.**

Thank you for reviewing this policy. Please sign and we will give you a copy for your records.

I have read this policy and by signing below I am indicating that I understand and will adhere to this policy.

Patient Name

Patient Signature

Date

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