

Dear Patient,

THANK YOU FOR CHOOSING DR. SIMON GARZA JR.'S OFFICE FOR YOUR DENTAL CARE NEEDS. WE ARE EXCITED TO HAVE YOU IN OUR OFFICE. THIS IS A VERY BUSY DENTAL OFFICE AND WE STRIVE TO RUN AN EFFICIENT PRACTICE. WE WILL MAKE EVERY EFFORT TO SEE YOU WITHIN 15 MINUTES OF YOUR SCHEDULED APPOINTMENT TIME. WE HAVE SCHEDULED EXCLUSIVE TIME FOR YOUR APPOINTMENT EITHER WITH THE DOCTOR OR HYGIENIST. MOST OF OUR VISITS ARE FOR AN HOUR OR MORE.

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT TIME WE ASK THAT YOU GIVE US A 24 HOUR NOTICE SO WE CAN PUT ANOTHER PATIENT IN YOUR PLACE IN OUR APPOINTMENT BOOK. WE ASK THIS AS A COURTESY TO US AND OUR OTHER PATIENTS. IF YOU FORGET YOUR APPOINTMENT OR DECIDE TO CHANGE YOUR MIND ABOUT TREATMENT WITHOUT NOTIFYING US IN ADVANCE, **YOU WILL BE CHARGED A \$50.00 BROKEN APPOINTMENT FEE.**

THANK YOU FOR YOUR UNDERSTANDING CONCERNING THIS VERY IMPORTANT POLICY. WE LOOK FORWARD TO SERVING YOU AND YOUR FAMILY'S DENTAL CARE NEEDS.

SIMON GARZA JR., D.D.S.

I ACKNOWLEDGE THIS POLICY:

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_