



CHRISTOPHER NELIS, DDS

FAMILY | COSMETIC | IMPLANT DENTISTRY

No-show, Cancellation, and Late Arrival: I agree to adhere to informing Christopher Nelis, DDS of a need to cancel or reschedule an appointment with 24 hours advanced notice. By providing us with this courtesy it allows us to better serve our patients. We understand that emergencies do occur and a 24-hour advanced notice is not always possible in every situation. If this is the situation, please inform us. If I do not reschedule or cancel my appointment in time or if I do not show for my scheduled appointment, a fee of \$50 per hour may be applicable. These fees must be paid before you can schedule another appointment. Repeated offenses are cause for dismissal. If I arrive later than 10 minutes after my scheduled appointment, I understand I may not be able to be seen and may have to reschedule my appointment.

Signature of Patient or Guardian

Date

Patient Name (Please Print)