

**Kelly Jorn Cook, DDS, PC**  
**APPOINTMENT CANCELLATION POLICY**

When you have an appointment scheduled with us, this time with the doctor and staff is reserved exclusively for you. The courtesy of advance notification is mandatory in order to provide the opportunity to the fill the time period in which you agreed to be scheduled.

In the event that you need to cancel your scheduled appoint with our office, we require **AT LEAST TWO WORKING DAYS ADVANCE NOTIFICATION**. Our working days are Monday through Thursday. This policy is a courtesy to the doctor and hygiene staff scheduled to treat you and allows us time to accommodate the needs of other patients.

**Patients who do not show or cancel the same day for any appointment one-hour or less will be subject to the current \$75.00 cancellation fee for the first occurrence and \$85.00 for the second occurrence.**

Patients who miss appointments two times without notice will be dismissed from the practice.

We appreciate your understanding and sensitivity in this matter, as both your and our time is valuable. We appreciate you cooperation as our valued patient and apologize for any inconvenience.

I understand and agree to the above cancellation policy.

Patient Signature:

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Printed Name:

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Date:

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