



Dr. Romito's
Arlington Family Dental Practice

Appointment Policy Statement of Understanding

When an appointment is scheduled with you, a mutual commitment is made. We reserve this time specifically for you as our team prepares the treatment room and instrument setup before your arrival. It is your responsibility to maintain and attend all scheduled appointments.

Your commitment in this relationship is to honor the time we give exclusively to you. We strive to render excellent dental care to you and the rest of our patients. In an attempt to be consistent with that, we have an **Appointment Cancellation Policy** that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed that time cannot be used to treat another patient.

The following understanding will be in effect for all appointments with this office:

- **When an appointment is made, we consider it confirmed.** Please plan your schedule to honor this time. A courtesy text, email, and/or phone call will be made at least 24 hours prior to your appointment as a friendly reminder.
- **If you must reschedule an appointment, a 2-business day prior notification is required.** We realize situations do arise at the last minute that can prevent you from keeping your appointment time. Our team will work with you to reschedule a time that is suitable to your schedule and our availability.
- **If you arrive more than 10 minutes past your appointment time, your appointment may need to be rescheduled** - however we will make every effort to see you as soon as we can.
- **If you have a failed appointment history, late cancellation history or late arrival history,** you may be asked to find another dental office for your continued care.
- **Family appointments that are missed will only allow us to schedule each member individually for future appointments.**

With my signature, I understand and agree to this appointment policy as stated above.

Patient/Parent/Guardian Signature

Date

Patient Name - Please Print