



PATIENT APPOINTMENT AGREEMENT

Our practice is committed to providing optimal care while valuing every patient's time and providing as many opportunities for appointments as possible within the week. We know that exceptional patient experience encompasses quality of care as well as timely service.

In order to accommodate requests for appointments from every new, existing, and emergency patient and to ensure that we have providers in the practice to accommodate these requests, we ask you to give our practice a minimum of 48 hours notice if you realize you will be unable to keep your scheduled appointment.

Our commitment to excellence is delivered through our high clinical standards as well as our appointment management guidelines. Thank you for agreeing to support our appointment policy.

Patient Name: _____
Guardian Name: _____

Signature: _____

Date: _____