



PAUL L. EVANS, D.D.S.  
*General & Cosmetic Dentistry*

### *Office Policy*

I acknowledge that I may be charged a fee, per the office policy, of **\$50** for:

- Arriving late. A patient is considered late if arrival time is more than 15 minutes past the scheduled appointment.
- Missed appointment. When the patient does not show to scheduled visit time.
- <24hr Cancellation. When the patient fails to notify this office of a cancellation less than 24 hours prior to scheduled visit time.

Signed \_\_\_\_\_ Date \_\_\_\_\_