



Dr. John F. Ceraso

Carolina Center for Cosmetic and Implant Dentistry

APPOINTMENT AGREEMENT

We make every effort to value your time and we schedule your appointment time just for you.

We truly appreciate your courtesy of giving us a 48 hours notice if you have a conflict with your appointment and need to schedule a different day or time. We are committed to your oral health and keeping your scheduled appointments allows us to be partners in your dental care.

We will not charge for your first missed appointment. However, after two missed appointments in a 12 month span, you will be charged a \$50 reservation fee when scheduling the next appointment. If you keep the appointment the reservation fee will be applied towards treatment. However, if you fail to keep the appointment the reservation fee will be forfeited.

It is our philosophy to continue to put our patients first and make your experience a positive one. Thank you for allowing us to share our appointment policy with you. Please let us know if you have any questions.

Appointment Agreement

- I acknowledge an appointment is a reservation.
- I agree to provide a minimum of 48 hours notice if I need to change my appointment for any reason.
- If I change two appointments without the required 48 hours notice in a 12 month span, I acknowledge I will be asked for a \$50 reservation fee at the time of scheduling in order to be appointed

Patient Signature: _____

Date: _____