



Sauk Trail Dental Care, LLC
4343 Sauk Trail
Richton Park, IL 60471
Email: Info@sauktraildentalcare.com
Website: www.sauktraildentalcare.com
Phone: 708-608-336

Appointment Cancellation Policy

- In our dental practice, we respect the importance of your time and we work very hard to schedule appointments that accommodate the scheduling needs of all of our patients. We want you to know that we make every effort to see you at your scheduled appointment time.
- For each appointment, the staff sets up a treatment room with a block of time that is reserved specifically for you. Before each appointment the doctor spends time reviewing your information and planning your care. We feel that a successful outcome to treatment is the result of combined efforts of both you and this office.
- Because we take such efforts to prepare for your scheduled appointment, we greatly appreciate that you notify us at least 48 HOURS prior to your scheduled appointment time if you must CANCEL or RESCHEDULE your appointment. **Please Initial _____**
- Broken appointments and missed appointments at short-notice create scheduling difficulties for the office as well as our other patients.
- If you are LATE to your appointment - there is no guarantee you can be seen that same day, and we may need to reschedule your appointment if time does not permit to complete your planned treatment. **Please Initial _____**
- To help you, our office can send you several reminders prior to your appointment:

- 1) 1-week text message reminder
- 2) 24-hour text message reminder
- 3) A personal phone call to confirm your appointment
- 4) An appointment reminder card
- We kindly ask that you confirm your appointment with us either by text message response or phone call response. ***Please Initial***_____

• **If you break or miss an appointment without providing us with a 48 notice, we may no longer be able to schedule you in our appointment book.** You will still always be able to be seen and treated as a patient, but may be seen on a walk-in only basis - without a reserved time slot.

Patient signature

Printed Name

Date