

# Dr. Jacob Berger, D.D.S.

*Family and Cosmetic Dentistry*

DATE:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dear \_\_\_\_\_,

When we make your appointment, we are reserving a room for your particular needs. We ask that if you must change an appointment, please give us at least 24 hours notice. This courtesy makes it possible to give your reserved room to another patient who would like it.

**There is a \$40.00 charge for not showing up for scheduled appointments. *Repeated cancellations or missed appointments will result in loss of future appointment privileges.***

We feel that our patient's time is valuable. When your appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you.

Sincerely,

Dr. Jacob Berger and Staff

I understand that it is my responsibility to give Dr. Jacob Berger and staff a 24 hour notice in changing an appointment and there will be a \$40.00 cancellation fee for appointment cancelled the day of reserved time or not showing to an appointment.

DATE:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Patient Signature:**

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**or Responsible Party Signature:**

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**Relationship to Patient:**

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