

Dr. Tiffany L. Bolen, D.M.D., P.C.  
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## **Cancellation of Appointment Policy**

This agreement states as follows:

If you are ever unable to make an appointment you have scheduled with us, please notify us at least 24 hours in advance, as there may be a cancellation fee of \$25 charged. We are sympathetic to circumstances that may be beyond your control. We are more than happy to reschedule your appointment at a more convenient time for you. In the event your appointment has to be rescheduled due to the office, we will credit your account \$25 to use toward any future treatment or dental products within our office.

Thank you.

\_\_\_\_\_  
Patient or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date