

*Chesapeake Smiles, LLC*  
2288 Blue Water Blvd  
Suite 420  
Odenton, MD 21113

*410-672-0000*

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## **Cancellation Policy**

We pride ourselves in providing extra time for the personal attention each patient deserves. Your appointment in our office is exclusively for you. We respect your time and make every effort to keep you from waiting.

I \_\_\_\_\_ understand by signing this form I will have read and understood the following:

1. We request **24 hours** for canceling of any appointment. Otherwise, your appointment will be considered a broken appointment.
2. We reserve the right to charge for all broken appointments.
3. Broken appointments that are thirty minutes long, will incur a fee of **25.00**.
4. Broken appointments that are over thirty minutes long, will incur a fee of **\$50.00**.
5. Broken cleaning appointments will incur a flat fee of **\$30.00**.
6. We **will not** reschedule your appointment until the cancellation fee(s) are paid.
7. We urge you to confirm your appointments. If your appointment is not confirmed within the **24 hours** allowed, if it possible your appointment will be given to another patient and you will need to reschedule your original appointment.
8. If treatment is changed per your request, a cancellation fee may be charged if the time allotted for the procedure cannot be filled with another patient.

We will call 2 days ahead of your scheduled appointment to confirm. Appointments that fall on a Monday or Tuesday will be confirmed on Thursday and Friday of the week before the appointment. If we do not reach you at that time a message will be left, if possible, and we will try again the next day. If we do not confirm your appointment at that time your appointment may be given to another patient.

We **do not** require a form of payment to be kept on file for this policy. However, please check the box below of how you would pay for a cancelled appointment. This also allows us to see that you have read and understand this policy.

**Credit Card**     **Cash**     **Check**

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**Please Sign**

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**Date**