

Dental Practice No-Show Appointment Policy

Dear [Patient's Name],

We hope this message finds you well. At [Dental Practice Name], we pride ourselves on providing excellent care and service to all our patients. To ensure that our scheduling system remains efficient and that all patients receive the care they need, we have implemented a No-Show Appointment Policy.

If you are unable to attend a scheduled appointment, we kindly ask that you provide us with at least 24 hours notice. Failing to do so may result in a cancellation fee, which will be billed to your account. Our policy is as follows:

- A "no-show" is defined as missing an appointment without prior notification.
- Patients who miss two consecutive appointments without notifying the office will be subject to a cancellation fee of [Amount].
- We understand that emergencies may occur, and we ask that you communicate any issues as soon as possible.

We value your time and appreciate your understanding of our policy. If you have any questions or concerns, please feel free to contact us at [Phone Number] or [Email Address].

Thank you for being a valued patient!

Sincerely,
[Your Name]
[Your Position]
[Dental Practice Name]