

**PALM CANYON DENTAL OFFICE  
KIRIT PATEL DDS INC  
174 S SUNRISE WAY  
PALM SPRINGS, CA 92262  
PH: (760) 322-1002 FAX: (760)322-6518**

**PATIENT ACKNOWLEDGEMENT  
APPOINTMENT CANCELLATION POLICY**

Dear Patient,

We strive to render excellent dental care to you and the rest of our patients. In an attempt to be consistent with this, DR. KIRIT PATEL, DDS INC/PALM CANYON DENTAL OFFICE have an **Appointment Cancellation Policy** that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed or canceled, that time cannot be used to treat another patient.

Our policy is as follows:

1. We require that you give our office a 24 hours notice in the event that you need to cancel or reschedule your appointment. This allows for other patients to be scheduled into that appointment. If you miss an appointment without contacting our office within the required time, this is considered a missed appointment.
2. As a courtesy, we send text messages and/or emails and/or make reminder calls for appointments before scheduled appointment. Please note, if a reminder call or message/email is not received, the cancellation policy remains in effect.
3. In the event two (2) appointments are canceled, rescheduled, or missed, no future appointments will be considered and will result in the termination of the dentist/patient relationship.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have. We Thank you for your patronage.

I have read and understand the Appointment Cancellation Policy of Palm Canyon Dental Office and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

I, \_\_\_\_\_ (print name), have received a copy of Palm Canyon Dental Office Appointment Cancellation Policy.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date