

**Hometown Family Dental**  
1005 Lincoln St.  
Hobart, IN 46342  
(219)942-4858

Our goal is to provide quality dental care in a timely manner. In order to do so, we ask that patients adhere to our cancellation and no show policy. The policy enables us to better utilize available appointments for our patients in need of dental care.

**CANCELLATION OF AN APPOINTMENT**

In order to be respectful of other patients' needs, please be courteous and call our office promptly if you are unable to attend an appointment. This time will be given to someone who is in urgent need of treatment. We ask that you contact our office **two business days (48 hours) in advance** to cancel or reschedule your appointment.

**NO SHOW POLICY**

A 'no show' is an appointment that was not canceled in advance (minimum of 24 hours in advance). No shows inconvenience other patients who need dental care. A 'no show' for a scheduled appointment will result in a **fee of \$25**.

**LATE ARRIVALS**

In an effort to serve our patients in a timely manner, we ask that you are on time for your scheduled appointment. In the event you are running late, please call the office. If you are more than 15 minutes late to your scheduled appointment, you may be asked to reschedule.

Thank you for choosing Hometown Family Dental for your dental needs. We look forward to a long lasting relationship with you.

**ACKNOWLEDGEMENT**

My signature below indicates that I have read, understand and agree to the appointment policy above.  
Printed Name of Patient or Responsible Party    Date    Signature of Patient or Responsible Party

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date