



Appointment Agreement

At Hope Dental Professionals we are committed to partnering with you to give you the time and attention you deserve. Scheduling and attending your appointment is also a very important part of our relationship. **Dr. Pate and the Hygienist set aside this time exclusively for you, so we ask that you commit to your appointment times.**

We know life changes and sometimes appointments need to be rescheduled. In order to give you excellent care, **a minimum of 2 business days notice** IS required if you are unable to keep your scheduled appointment.

Because it is very difficult to recover Dr. Pate's time lost, any appointment changes **within 2 business days** are subject to a fee of \$50 to reschedule that will be used toward future treatment.

Please plan to be a **few minutes early** for your appointment time so that we can give you all the services planned for that day. Any arrival of **15 minutes** after your scheduled time are subject to be rescheduled with a \$50 holding fee to be used towards future treatment.

Because mutual trust is essential to our relationship and to your best health outcomes, please know that the cornerstone for this is your responsibility to attend your scheduled appointments. As a **courtesy**, we will attempt to send you a reminder. Thank you for your partnership.

I _____, agree that I will make a sincere effort to make appointments I can keep and understand the value of our partnership in my dental health care. I realize that delaying treatment can lead to further issues and that Hope Dental Professionals is committed to helping me attain and maintain my dental health.

Patient Signature _____ **Date** _____