

**BELLE MEADE OFFICE POLICY REGARDING
CANCELLATIONS AND/OR NO SHOWS:**

This office must receive the following cancellation notice for any treatment appointment scheduled:

24 hour notice for any appointment 1 hour or less in length

48 hour notice for any appointment 2 hours or more in length

I understand that I must give a sufficient cancellation notice to Belle Meade Family Dental.

I further understand that if I do not give sufficient notice that I will incur a fee of up to \$50.00 for each hour of appointment time lost.

Signature_____Date_____