

METHOD OF CONTACT

Please let us know which method of contact you would prefer for appointment reminder and aftercare contact:

Text Reminder: _____ (Fees may apply depending upon mobile carrier.)

Phone call reminder: _____
Home Mobile

E-mail Reminder: _____

Mail Reminder: _____
Street Address

_____ City State Zip

Print Name

Signature

APPOINTMENT CANCELLATIONS/NO-SHOW APPOINTMENTS POLICY

It is policy of Generations Dental to assist in the flow of appointment those patients are requested to call at 24 hours in advance for a cancellation in less than 24 hours, including a third (3rd) NO-SHOW, a fee of \$25 will be charged to your account. To avoid this fee, please make sure to inform the office of any appointment change(s).

Print name

Signature

~The Generations Staff