

VIVIAN H. BAE D.D.S.
20710 1ST AVE SOUTH
DES MOINES, WA. 98198

APPOINTMENT COMMITMENT AGREEMENT

Each appointment scheduled is reserved exclusively for that patient. For this reason, **we require a notice of at least 48 hours for cancellations or changes of appointments.** If less than 24 hours notice is given to reschedule or cancel an appointment, then a \$45 fee will be charged to your account. Our policy is very firm in this regard, as we would like to have the opportunity of offering these appointments to those patients who desire treatment.

As a courtesy, our office will call you at least one day prior to your appointment as a reminder. However, the responsibility of keeping your scheduled appointment is yours, and our office cannot be held responsible for any missed or broken appointments.

We try to accommodate all of our patients, and we realize that life doesn't always run as smoothly as we would all like. We simply ask that you respect our time, and the time of other patients by cancelling or changing appointments only when truly necessary and to give appropriate notice when doing so. If you are running late to your appointment, please call our office to assure we will be able to perform the treatment scheduled in the time remaining.

We care about you and take seriously our role in helping you to achieve optimal dental health and well being. We hope you do too!

I have read the above Appointment Commitment Agreement and understand my responsibility as a patient of this practice.

Signature of patient or legal guardian _____ Date _____