

Boyle Heights Dental Care
2206 E. Cesar E. Chavez Ave
Los Angeles, CA 90033
323-265-3680

Cancellation Policy

We understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled appointments to be canceled at least **48 hours** in advance.

Our doctor wants to be available for your needs and the needs of all our patients. When a patient does not show up for a scheduled appointment, another patient loses an opportunity to be seen. Although we have always had a cancellation policy, circumstances have caused us to enforce a policy for no-show appointments, and those appointments not canceled within **48 hours**.

As of January 01, 2020 there will be a **fee of \$25.00** assessed if we do not receive a call to cancel and reschedule an appointment with a 48 advanced notice.

Thank you for being a valued patient and for your understanding and cooperation as we institute this policy. This policy will enable us to open otherwise unused appointments to better serve the needs of all patients.

I, _____, understand the **48-hour** cancellation policy.

Patient Signature _____ Date _____