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## Cancellation and No-Show Policy

Our office hours are by appointment only and we do value your time. Appointment time is reserved for you alone. Where appropriate, we prefer to schedule longer appointments so we can complete as much needed dental treatment as possible during one appointment. We feel this type of scheduling will cause minimal disruption to your daily schedule and will provide efficiency in completing your dental care. When you make an appointment, please be sure that you will be able to keep it.

Like many offices, our office will call to confirm your appointment. We will call 48 hours in advance to confirm your appointment and also call 24 hours prior to the appointment if we have not heard back from you. Please return our call to confirm your appointment and make a note of any dental appointments you have scheduled with us. If you cannot make an appointment as scheduled, please notify the office 48 hours in advance. There will be a charge of **\$50 per 30 minutes** of scheduled time for a no call/no show/cancellation with less than 24 hours notice for your appointment.

We are one of the few providers that take care of newborn babies and mothers who are struggling with feeding issues. Our open appointment time slots are precious for parents who are in need. We understand the importance of educating parents on the after care and we reserve over an hour of time for those families. This is to ensure there is enough time for parents and the baby to relax and recover after the procedure as well. Please be courteous to others and make every effort to give us a 24 hour notice if you decide you need to cancel this type of appointment and so as to not receive any charges from our office.

Our aim is to have every patient/ family that walks into our office to leave knowing that they received the best care possible. We strive to keep your comfort, your peace and your well-being ahead of everything else. Please help us to serve you better.

**If you have any questions about our appointment cancellation and no-show policy, please feel free to call us/ ask us. By signing below you are agreeing to our office policy.**

Patient/ Guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_