

Thank You for choosing iDental for your dental care needs, be aware of our appointment policy.

Confirming Appointments

When you reserve a time with us please make every attempt to make your appointment.

We will make the courtesy phone call 2 business days before to remind and confirm your appointment.

It is required to confirm your appointment so that it is not moved or cancelled in the case of an emergency. If you happen to miss our call, please return the call at your earliest convenient time. If you happen to call back after hours, please leave a voicemail confirming your appointment and we will confirm it for you first thing in the morning. Any appointments that are still not confirmed 1 business day before may be given away.

Our goal is to serve every patient that is in need of our services.

If you need to reschedule or cancel your appointment, please give us at least a 2 BUSINESS DAY notice so that we will be able to fill this time with others waiting for treatment.

If you cancel/fail to show, for your confirmed appointment or arrive excessively late and treatment cannot be completed as planned, there will be a \$10 fee and your appointment will be rescheduled. You are allowed 2 broken appointments (meaning same day cancellation or no show for a confirmed appointment). After that we reserve the right to refuse any further scheduling of appointments. You would then be seen on a walk-in basis as the schedule allows. We understand emergencies occur so please communicate with us so we can assist you accordingly.

Late Arrivals

If you arrive more than 5 minutes late, we will determine if we are able to attend to you, if we cannot, then your appointment will be rescheduled.

Please understand that we strive to stay on time for your appointment as well as those patients that follow you. Unfortunately, we do have times that patients have complications and special needs which cause delays and we request your understanding when this may occur.

We thank you for your understanding and cooperation and choosing iDental for your dental needs.

By signing below, you have read, and understand this agreement.

Patient Name	
Patient (or Guardian/Parent) Signature	Date