

Dr. Mary Anne Salcetti
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Wappingers Falls, NY 12590
845-298-8138
Effective Date: July 16, 2014

CANCELLATION POLICY

Restorative and Hygiene Appointments

We ask for at least **48 hours** advance notice for canceling or rescheduling an appointment; otherwise, a **\$50.00** fee may be assessed to your account.

Note:

All cancellations fees must be paid prior to scheduling another appointment.

The treatment that is planned for you is specific to you. It is important for you to keep the scheduled dates and times to properly complete your treatment.

A broken appointment is a loss to three people – the patient who missed the valuable time, the patient who could have taken the valuable time; and the doctor who was fully staffed and prepared for the appointment.

Please print your name: _____

Signature: _____ Date: _____