

SOUTH FLORIDA SMILE SPA
NICOLE M. BERGER, D.D.S.
572 E. McNab Road, Suite 102
Pompano Beach, FL 33060

APPOINTMENT AGREEMENT

We set aside a reasonable amount of time for your appointment with the Doctor so that you are properly examined and all of your concerns are handled. We ask that our patients be courteous and call our office 48 hours in advance if appointments cannot be kept. If an appointment is canceled without proper notice, a fee WILL be assessed to your account.

PLEASE BE ON TIME FOR YOUR APPOINTMENTS.

Your appointment time is reserved specifically for you. Arrivals of 15 minutes or more past your reserved time will be rescheduled and a fee assessed per scheduled appointment.

WE REQUIRE 48 HOURS (business days) NOTICE WHEN CHANGING OR RESCHEDULING.

This allows us to offer your time slot to another patient who is in need of our care.

If 48 hour notice is not given or you fail to show up for your appointment at your reserved time, we will assess a fee of \$65.00.

Habitual appointment failures will result in dismissal from the practice.

I, the undersigned, have read and understand the appointment policy. I agree to pay any fees that are charged, should I fail to keep an appointment. My signature indicates that I have read this and agree to its contents.

We thank you for your understanding and partnership in this matter!

Name (first, last)

Date

