

OUR CANCELLATION POLICY

At Aspen Springs Dental Centre, all efforts will be made to accommodate your schedule. If you need to make any changes to your appointment we ask that you provide us with 2 business days advance notice. This courtesy on your part will allow us to arrange for the time that was initially reserved just for you to be given to another patient that is in need of care. Failure to provide notice may result in a minimum charge of \$50 to your account. We do, however, understand that illness and emergencies do occur and will accommodate for those rare instances.

Our team will make every effort to ensure that we are on time for you! We expect that you will make the same effort and ensure that you are on time for your appointment. Be there a few minutes early to update your medical, insurance and contact information. Please be aware that if you are late for a scheduled appointment, we may need to reschedule you to ensure that our patients who arrive on time are seen on time.

I, _____ have read and understand the above cancellation policy.

Patient Signature Date



A LIFETIME OF SMILES

Aspen Springs
DENTAL CENTRE

1 Hartwell Ave., Suite 300
Bowmanville, ON L1C 0N1
Phone: 905-623-3133

Email: info@aspenspringsdental.com
Website: AspenSpringsDental.ca