



AGAPE DENTIST

Achieving Everlasting Healthy Smiles

www.agapedentist.com Call Us Today! 781-935-2200

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email Address: _____

We at Agape Dentist make every effort to provide a convenient appointment time for you which suits your work and personal schedule.

Our practice guidelines for missed or broken appointments.

You will receive a courtesy reminder call, text message, or email from our office for appointments scheduled. These advanced reminder notices will give you enough time to make any necessary changes.

If you or a family member cancel a scheduled appointment within 48 hours,

a charge of \$80.00 will be placed on your account.

This notification is for your convenience. We understand that emergencies do occur and your oral health is of utmost concern to us. We know that very few of you will be affected by these guidelines since almost all of you either keep your appointments or call to reschedule well in advance.

We thank you for your understanding our practice guidelines.

Patient or responsible Party Signature: _____ Date: _____