

Garden Oaks Dental  
Cancellation/Rescheduling

I, \_\_\_\_\_ agree to call and cancel or reschedule my appointment with Garden Oaks Dental within 24 hours prior to my dental appointment, otherwise there will be a \$25.00 broken appointment fee for each missed appointment.

This consent form dated \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Patient signature \_\_\_\_\_

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Garden Oaks Dental  
Política De Cita

Yo, \_\_\_\_\_ concuerdo en llamar y cancelar o cambiar mi cita con Garden Oaks Dental dentro de veinticuatro 24 horas antes de mi cita con el dentista, otro sabio habrá un \$25.00 honorario roto de la cita por cada cita perdida.

Esta forma del consentimiento fecho \_\_\_\_\_ dia de \_\_\_\_\_  
20\_\_\_\_\_

Firma de Paciente \_\_\_\_\_