



GibbsDentistry

Kenneth W. Gibbs, DMD, PA | Meridith Gibbs, DMD | M. Breckenridge Gibbs, DMD

901 Pine Tree Drive | New Bern, NC 28562 | Tel. (252) 633-5544 | Fax: (252) 633-9788 | www.gibbsdentistry.com

APPOINTMENT POLICY

The entire team at Gibbs Dentistry works diligently to schedule appointment times that are convenient for you. Because we do not overbook patients in anticipation of no-shows or last minute cancellations, it is important that you keep scheduled appointments. We understand that illness, emergencies, flat tires, and bad weather do occur. We ask our patients to give us 24 hours notice whenever possible if they cannot keep an appointment. This allows us time to fill our schedule with other patients who are waiting for needed dental care. Our reception team works tirelessly to attempt to remind patients by telephone, email, and/or text messaging prior to upcoming appointments. Please return a missed confirmation call or text so we know you are indeed coming for care. If we are unable to reach you, your appointment card will serve as confirmation of your appointment and implies your obligation to be present. We reserve the right to charge for appointments canceled or broken without 24 hours advance notice (see below). We strive to see patients on time for scheduled appointments. However, there are times when our schedule is delayed in order to accommodate an emergency or complication in a scheduled procedure. Please accept our apology should this occur during your appointment.

CANCELLATION POLICY

We require you to notify us of any cancellation at least 24 hours prior to your appointment. If you arrive more than 10 minutes late for your appointment, you *may* be asked to reschedule.

BROKEN APPOINTMENT POLICY AND FEES

A fee of \$50 will be charged to the patient's account for broken appointments with hygienists and \$100 for doctor's visits.

A Broken Appointment is when the patient:

- cancels or reschedules with less than 24 hours notice.
- fails to show up for the appointment.

Thank you for your understanding and consideration of the value of your dental appointment.

I have read, understand, and agree to abide by Gibbs Dentistry's Appointment and Cancellation Policies.

PATIENT SIGNATURE: _____ DATE: _____
(parent or legal guardian, if patient is a minor)