



JOSEPH M. CATALANO, D.D.S., P.C.

Oral Surgery and Implantology

CANCELLATION POLICY

Please understand that your surgery appointment is NOT a routine office appointment and MUST be followed with the following cancellation policy:

A 10% Fee of the estimated charges, with a \$250 minimum (whichever is greater) will be charged if:

- 1) You do not follow the attached pre-operative instructions
- 2) You do not provide 48 business hours' notice if you are unable to keep your appointment.
- 3) You do not show up for your appointment.
- 4) You are over 10 minutes late for your appointment.
- 5) Payment has not been received for your appointment.

Please note that the above will also be subject to the rescheduling of your appointment and any additional charges will need to be paid prior to your appointment booking.

Cancellations MUST be made during normal business hours Monday – Thursday 8:30 am - 4:00 pm. We do NOT accept cancellations via our answering service.

X _____
(Signature patient/ responsible party)

X ____/____/_____
(Date)