

**Palos Dental Center  
12721 S. Harlem Avenue  
Palos Heights, IL 60463  
Phone: (708) 448-9415  
Fax: (708) 448-9423**

**Email: [palosdentalcenter@palosdentalcenter.comcastbiz.net](mailto:palosdentalcenter@palosdentalcenter.comcastbiz.net)**

### **Appointment Cancellation Policy**

We understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled appointments to be cancelled at least 24 hours in advance. If the appointment falls on a Saturday, we would appreciate a call 48 hours ahead of time.

Our doctors & hygienists want to be available for your needs and the needs of all our patients. When a patient does not show up for a scheduled appointment, another patient loses an opportunity to be seen.

**Although we have always had a cancellation policy, circumstances have caused us to enforce assessing a \$50.00 fee for no-show appointments and those appointments not cancelled within 24 hours. Repeat cancellations may result in the loss of future appointment privileges.**

We appreciate your cooperation & understanding as we institute this policy. It will enable us to open unused appointments to better serve the needs of all our valued patients.

Respectfully,

The Staff of Palos Dental Center

---

Patients Signature

---

Date