



Appointment Cancellation Policy

As a patient at St. Pete Modern Dentistry you are required to provide **48 hours' notice** if you are unable to attend a scheduled appointment.

Initials: _____

In addition to prepayment requirements for some treatments, you will be charged a \$60 cancellation fee for your second missed appointment if you do not provide at least 48 hours' notice. After two missed appointments without notice, you will not be scheduled for further treatment at St. Pete Modern Dentistry. Thank you for your understanding and compliance.

Signature: _____ Date: _____

Preferred method of contact (please circle):

- Text _____
 - Email _____
 - Call (please circle): Home Cell Work
-

Pharmacy Information:

Pharmacy Name: _____ Phone #: (____) _____ - _____

Address: _____ City: _____ State: _____ ZIP: _____