

Elkhart Dental Center, P.C.
Sangyoung Lee, D.D.S.

OFFICE POLICY

Your appointment time is set-aside especially for you. As a courtesy to the Doctor and to other patients we ask that you keep your scheduled appointments. If you must change or cancel an appointment, **we need a 24-hour notice.** Cancellations or failures could result in a **\$25.00 broken appointment charge.**

In order to confirm your appointment properly we need to know an accurate address and phone number where you can be reached.

Patient name _____

X _____ Date _____
Signature of patient

OR

X _____
Signature of guarantor of payment/responsible party

Relationship to patient _____ Date _____