

Appointment Policy



At Oasis Family Dental Centre, it is our mission to provide you with exceptional, comfortable care in a timely manner. When you book an appointment with us, we reserve that time to treat you. There is significant preparation and allocation of resources that goes into your dental appointment, but we strive to keep costs affordable. One way we do that is through the efficient use of supplies and professional staff. Missed or broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. They interfere with your dental treatment and create unnecessary scheduling problems for other patients. Automated reminders and courtesy calls from our team are a tool to help avoid this. Failure to receive one of these reminders is not an acceptable reason for missing an appointment.

We understand that unanticipated events occur in everyone's life; however, out of respect for our doctors' and hygienists' schedules, please review the following policies:

Cancellation Policy

Cancellation or rescheduling of an appointment must be made 2 full business days prior to your appointment date. This allows other patients awaiting treatment to be rescheduled into the time initially reserved for you. Short notice cancellations are subject to a fee of \$100.

No Show Policy

Out of consideration for our team, if a patient does not show up for a scheduled appointment and does not provide any type of advanced notice, the patient will be charged a \$100 fee.

Late Policy

If arriving more than 15 minutes late for a scheduled appointment, our doctors and hygienists will do their best to be accommodating; however, at their discretion, treatment scheduled for that appointment might have to be shortened and/or rescheduled for another time.

Our goal in communicating our cancellation/no show policy is to avoid any extra charges from occurring. We thank you for your cooperation and understanding.

I understand the Appointment Policy as set out above.

Date: _____

Print Name: _____ Signature: _____

Print Names of Minors: _____

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