		, ,
	(Patient Name)	(Today's date)
Oral Surgery Appointment Cancellation Policy		
Your surgical team at Oral and Maxillofacial Surgery Specialists are committed to providing exceptional care to all of our patients. To ensure that we can accommodate everyone effectively, we have implemented the following policies for appointments.		
1.	48-Hour Cancellation or Rescheduling Notice Your surgery requires time and preparation by our surgical team to assure an optimal outcome for your provider; therefore, we require a minimum of 48 hours' notice for any cancellation or rescheduling of your appointment.	
2.	\$200 Fee - Late Cancellations and Missed Appointments Cancellation of your appointment made with less than 48 hours' notice will incur a \$200 fee. A missed appointment (no show) will incur a \$200 fee. This fee helps to cover the time and resources that we had reserved specifically for your scheduled care.	
	<u>Weather:</u> We understand that Colorado can have unpredictable weather. We carefully monitor developing weather conditions to ensure that our office will be open and operational to serve our patients. We do ask that you also plan accordingly as our team has prepared and reserved this time specifically for you.	
	Your time and trust are important to us and we value the opportunity to provi care possible. By adhering to this policy, you help us maintain a smooth and so we can deliver the best care possible to all of our patients.	de you with the best d efficient schedule
3.	How to Cancel or Reschedule Your Appointment To cancel or reschedule your appointment, please call our office at (719) 596 business hours. If you need to cancel after hours, you may leave a voiceman	0-1500 during regular il.
4.	Exceptions We certainly understand that emergencies can arise. If you are unable to ke due to a true emergency, please contact our office as soon as possible. Emrequiring cancellation of an appointment will be evaluated on a case-by-case	ergency situations
If you have any questions about our cancellation / rescheduling policy, please do not hesitate to reach out to our Patient Relations team at (719) 590-1500 or frontdesk@jaws-1.com		
Thank you for your understanding and assistance in providing exceptional care to our patients!		
X(Sign	ature of Patient / Guardian) (Date)	