



## **Jay M. Marks D.M.D., F.A.G.D.**

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*"We Create Beautiful Smiles"*

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### **We're Here For You When You Need Us**

I understand that when an appointment is made for me (or my family), this time is reserved by the staff at Dr. Marks' office specifically for my (or my family's) treatment. I further understand that other patients waiting for treatment are denied the opportunity to be seen during my reserved time. In fairness to the patients who are waiting for appointments, (and who would otherwise have come in earlier), it is important for me to keep my appointments, and to understand the office practices concerning appointments.

If an appointment is scheduled for me (or my family), I may change or cancel the appointment, without penalty, if I notify the office at least 24 hours before my scheduled appointment.

If I miss this appointment or cancel with less than 24 hours (not holidays or weekend days) notice, I will be charged a \$30.00 cancellation fee.

**I understand and agree to the above.**

Name -print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_