



White Pine Dental Health, PLLC

187 Main Street
Belleville, MI, 48111

Email: info@whitepinedentalhealth.com

Website: www.WhitePineDentalHealth.com

Phone: (734) 252-6002

Appointment Cancellation Policy - Please Read

If you must **CANCEL** or **RESCHEDULE** an appointment you have made with us, we ask that you **notify us at least 48 HOURS prior to your scheduled appointment time.**

Due to demand, appointments that are not confirmed 24 hrs prior will be removed from the schedule and you will need to call to get rescheduled.

Please Initial _____

If you break or miss an appointment without providing us with a 48-Hour notice, **we may no longer be able to schedule you in our appointment book for additional appointments at our practice.**

You will still be able to be seen and treated as a patient in our practice, but **may be seen on a same-day only basis - without a reserved time slot.** We will be unable to provide an estimated wait time for your care, in this situation. However, we can provide the best time to arrive to limit your wait, if you **call shortly after we open.**

Patient Signature _____ Date _____

Your Smile Comes First!

Affordable, Kind, and Convenient