

Dental Designs of Roseville Reservation Agreement

*At **Dental Designs** we understand that your time is very valuable. Trying to accommodate every patient's individual needs and schedules can be very challenging. We will make every effort to stay on time so that you will not have to wait.*

*Your reservation is a commitment of time between you and our office. We ask that you make every effort to keep that commitment. **As a courtesy** we provide a reminder call, e-mail, and text messaging (if applicable)*

48 business hours in advance.

Please note this is just a courtesy, if you do not receive any of these reminders, you are still responsible for the appointment we have reserved for you in our office.

*If you find that you are unable to keep your reservation, we do require a notice of **48** business hours. If our office is not notified within the **48** business hours we require, you will be subject to a **\$50.00** late cancellation fee.*

*We appreciate your understanding. Our goal at **Dental Designs** is to be your partner in health.*

Signature _____ Date _____

(If patient is a minor we require a signature from parent or guardian)