

CANCELLATION, NO-SHOW & MISSED VISIT POLICY

In an effort to avoid any misunderstandings, we would like to review our cancellation, no show and missed visit policy before you begin treatment in our office. We reserve appointment times specifically for each patient so that we may provide the ultimate in service. It is important for you to keep the scheduled dates and times to properly complete your treatment. Please schedule your visit carefully.

We ask for at least 48 hours advance notice for canceling or rescheduling your visit; otherwise a \$50 fee for may be assessed to your account and applied on your credit card.

A BROKEN APPOINTMENT IS A LOSS TO THREE PEOPLE:

- the patient who missed the valuable time
- the patient who could have taken the valuable time
- the doctor who was fully staffed and prepared for the appointment

Note: All cancellation fees must be paid prior to scheduling another appointment.

SIGNATURE

DATE

CREDIT CARD # _____

EXP. DATE ____/____/____ SEC CODE _____

(To be used only in event of broken appointment.)

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