

# CONTRACT BETWEEN DR. TATE AND PATIENTS REGARDING BROKEN APPPOINTMENTS

*Due to an increase of broken appointments we've had, our office has no other choice but to change our office policy regarding broken appointments. We ask that you read and ask any questions you may have before signing this agreement with Dr. Tate. We request a 24 hour notice if you are unable to keep you appointment with the doctor. A \$100 per hour charge will be incurred for appointments missed with Dr. Tate. A \$50 per hour charge will be incurred for appointments missed with our dental hygienist. Please sign below and provide the office manager with your credit card before you are seen by the doctor. Thank you for your understanding in this matter.*

Patient \_\_\_\_\_

Date \_\_\_\_\_

Doctor \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_