



HOVER DENTAL GROUP

Appointment Policy

We value your time and would like to reserve appointments that work well with your schedule. We reserve time exclusively for you.

If a conflict arises with your reserved time, please kindly give Hover Dental Group 48 hour (2 business day, not including weekends) notice. However, we do understand that an occasional emergency can occur.

A fee of \$50.00 per hour will be charged to your account if adequate notice is not given.

Thank you for your understanding and cooperation.

Patient signature: _____ Date: _____

Patient name: _____