



Arlington Dental Group

FARIBA ESBAH, D.M.D. GENERAL DENTIST
DENTISTRY FOR ADULTS AND CHILDREN

ARLINGTON DENTAL GROUP'S CANCELLATION POLICY

Your appointment time is reserved especially for you and your care. If you need to cancel or re-schedule, we request that you let us know at least twenty-four (24) hours in advance, so that we can cancel your appointment and make the time available to another patient.

Patients who do not show for their scheduled appointment or who cancel with less than 24 hours notice will be charged \$55.00 for the missed visit.

Thank you for your understanding.

I have read and understand Arlington Dental Group's Cancellation Policy.

Printed Name: _____

Signed: _____

Date: _____

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