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Office Policy

Our goal is to provide high quality care to our patients and respect their schedule as well. In fairness to other patients, and the office staff, we require 24 hours advanced notice when changing or cancelling an appointment.

When you schedule an appointment, we reserve that time and prepare in anticipation of serving you. If you should need to reschedule, we kindly request that you contact us with advanced notice. We understand that conflicts arise; however failing your appointment or canceling without adequate notice more than once may result in a \$50.00 broken appointment fee.

Patients who continue to no-show and/or cancel without notice may be dismissed from the practice and asked to find another dentist.

Any patient who is late may be considered a "no show" for their appointment and may need to be rescheduled.

As with any dental treatment, there may be unforeseen treatment adjustments and/or complications. The clinic will make an effort to anticipate any changes in the treatment plan and advise me at that time. However, such events are unpredictable. Likewise, the timing or spacing of appointments may need to be modified as needed to accomplish the best result possible.

I have read, understand and agree to the above appointment policy.

Patient Name _____

Patient/Parent/Guardian Signature _____

Date _____