

**Michael R. Gabor, DMD, PC
Soyna Kapoor, DDS
412 Cromwell Avenue/PO Box 711
Rocky Hill, CT 06067
(860)563-1294**

Appointment Cancellation and No Show Policy Agreement

Dr. Gabor and Dr. Kapoor's office is committed to providing all of our patients with excellent care. When a patient cancels without giving enough notice, they prevent another patient from being seen.

If you cannot make your scheduled appointment for any reason, please call our office at (860)563-1294 at least 24 hours before your appointment to cancel your appointment and reschedule. There will be a \$50.00 charge for missing your appointment without a 24 hour notification call.

Patient who does not show up for their appointment without a call to cancel an appointment will be considered as NO SHOW. Patients who NO SHOW three (3) or more times in a 12 month period may be dismissed from the practice, thus they will be denied any future appointments.

We thank you for your cooperation.

Please sign below that you understand and agree to these terms.

Signature of Patient or Guardian: _____

Date Received: _____