

GRACE FAMILY DENTAL

109-3 Stonegate Drive NW Dickson Trail Crossing Shopping Centre Airdrie Alberta T4B 0N2 PHONE: 403.980.7555

ACKNOWLEDGEMENT OF CANCELLATION POLICY

Our patients are responsible for providing **48 hours notice** for appointment cancellations. If you cancel or no show, we lose **two** patients, you and the person who could have been treated in that time slot. I acknowledge that without proper notice I may be charged a \$125.00 fee per dental provider that is uncollectible by a third party, and is my personal responsibility to pay. We do, however, understand that illness and emergencies occur and we

do accommodate for those rare instances.

Our goal is to help you achieve optimum oral health.

Signature: _____

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