



COLIN HEEPS, D.D.S.

CHATHAM DENTAL PLLC

1 Houseman Avenue • Chatham, NY 12037 • (518) 392-5571

Cancellation Policy

We are very pleased to participate in your dental healthcare, and have set aside time for your appointment. We understand that sometimes it is necessary to cancel or change an appointment. In consideration of the others who need care, we ask that if you are unable to keep an appointment with our office, we would appreciate if you could please observe our cancellation policy which is as follows:

Our office requires at least **24 hour notice** for all appointment cancellations. If you are unable to provide 24 hour notice, you will be billed a **\$25 fee** for each half hour of scheduled appointment time. Thank you in advance for your cooperation.

Patient signature: _____

Date: _____