

Wismann Dental, P.C

Patient Name: _____

Cancellation Policy

Effective December 1, 2021 our policy is as follows:

We set aside dedicated time in our office for your dental appointment. If you find it necessary to cancel, please provide 24-hour advance notice. Without proper notice, you may be charged a \$50.00 fee which is subject to change without notice.

Enrique Wismann, D.M.D

Patient Signature _____

Date _____