

**Chris E. Perkins, DDS
611 Rockmead Dr.
Suite 400
Kingwood, TX 77339**

Patient Appointment and Cancellation Agreement

Our relationship with you is very important to us. We value your time and understand that you may keep a busy schedule. We also keep a busy schedule and pride ourselves in staying on time for each of our patient's appointments. We customize your appointment time especially for you. The entire amount of time is needed to ensure the quality of care you expect and deserve. We respectfully ask that you arrive on time for your reserved appointment.

We also ask that you give us at least 24 hours' notice if needing to reschedule your appointment time. Any last-minute cancellations or missed appointments will be subject to a fee of \$50 which will need to be paid prior to reserving another appointment.

We appreciate your understanding and your participation in this good faith promise. If you have any questions, please feel free to ask Robbie or Mikayla for more details. We appreciate your trust in us and look forward to a long and healthy relationship.

Patient: _____

Date: _____