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## Cancellation Policy

**Cancellations must be made within 24 hours of your scheduled appointment time.**

All Dental work, Prophylaxis, Consults, and/or Ozone therapy visits will be billed a late cancellation/no-show fee that is equal to 75% of the booked session fee.

We require a credit card for your file upon scheduling your first visit. Without 24hr notice of need to cancel, or in the event of a missed scheduled appointment, your credit card will be charged the late cancellation/no show fee.

Please sign to indicate you understand and accept our cancellation policy. We have the right to not set/hold appointments if you choose to not accept our cancellation policy.

Late cancellations/no shows not only affect the finances and operation of our business; they also deprive other patients/clients from being able to book appointments with our practitioners. We thank you for your understanding and cooperation.

**We are best able to serve all our patients/clients when our Cancellation Policy is responsibly enforced.**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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### CREDIT CARD INFORMATION

Upon scheduling your first appointment, Bethesda Dental Spa must obtain your credit card information. This information will be placed in our secured scheduling software and will be used in the event of a missed appointment or late cancellation. **Cancellations must be made within 24hrs of your scheduled appointment to avoid being billed a fee equal to 75% of the booked session fee.**

CARDHOLDER NAME: \_\_\_\_\_

CARDHOLDER ADDRESS: \_\_\_\_\_  
(Street/PO Box City State Zip)

CARDHOLDER PHONE NUMBER/EMAIL: \_\_\_\_\_

CARD TYPE: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE \_\_\_\_/\_\_\_\_ SECURITY CODE \_\_\_\_\_  
(Month) (Year) (3 or 4 digit code on back of card)