



**ST. PETE
MODERN DENTISTRY**
Say goodbye to dental anxiety

Appointment Cancellation Policy

As a patient at St. Pete Modern Dentistry, you are required to provide **48 hours notice** if you are unable to attend a scheduled appointment.

Initials _____

In addition to prepayment requirements for some treatments, you will be charged a \$60 cancellation fee for your 1st and 2nd missed appointments if you do not provide 48 hours notice. After two missed appointments without notice, you will not be scheduled for further treatment at St. Pete Modern Dentistry.

Signature _____ Date _____

What is your preferred method of contact

Circle one: Home Mobile Text Email

X _____