

**Joe R. Keneson, D.D.S.
James R. Landis, D.D.S.
1164 Hwy 327 E
Silsbee, Tx 77656
409-385-3651**

Office Appointment Cancellation Policy

Patient name: _____ Date of Birth: _____

We do attempt to call to remind you of your scheduled appointment, but ultimately it is the patient's responsibility to remember and put it on your calendar.

In order to provide quality care to all of our patients, we ask that you please give 24 hr notice if unable to keep an appointment.

If you no show a scheduled appointment - all consecutive appointments will be automatically cancelled unless you notify us before your appointment.

-
- If you **no show 2 scheduled appointments** – we will be unable to reschedule you for any further appointments.

Thank you for your assistance in helping us to ensure that all patients have the opportunity to schedule available appointments.

Patient or Responsible Party Signature

Date