DEMARCO & WISMANN
DENTISTRY

Patient Name:_____

Cancellation Policy

Effective October 11, 2011 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 $25.00 fee which is subject to change without notice.

Bob DeMarco, D.M.D.

Enrique Wismann, D.M.D.

Patient Signature_____

Date_____