



PATIENT'S NAME

BLACK HILLS PEDIATRIC DENTISTRY CANCELLATION PROCEDURE

*I have read the form entitled, "**Cancellation Procedure**" and understand its contents. Therefore, I take full responsibility for the cancellation of any needed appointments and am aware that without 48-hour prior notification or a valid reason, a \$50 deposit for Recares and a \$150 deposit for Treatment will be incurred as a **deposit to reschedule**. This deposit will be refundable to me if I keep the new appointment and any subsequent appointments necessary for my child's dental treatment. If I no-show for any further appointments, then the deposit becomes non-refundable and stays with Black Hills Pediatric Dentistry.*

Date _____

✦ ✦

I attest that the following documents were provided to the parent or legal guardian of the child noted above. All questions have been answered and I have witnessed the signing of these consent statements.

Date _____