



**CHRISTOPHER M. GRANILLO, DDS, LLC**  
INTEGRITY, COMPASSION, AND COMMITMENT

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**CANCELLATION AND NO-SHOW POLICY**

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Please take a few minutes to review our cancellation and no-show policy and sign at the bottom of the form. If you have any questions or concerns, please let us know.

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**THE QUALITY CARE OF OUR PATIENTS IS OUR PRIORITY**

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We pride ourselves in providing extra time for the personal attention each patient deserves. We respect your time and make every effort to keep you from waiting. As a result, your appointment time in this office is reserved exclusively for you. We reserve the right to charge patients who do not reschedule with adequate notice, or who fail to keep their scheduled appointments.

**APPOINTMENT CANCELLATION:**

To be respectful of other patient's needs, please be courteous and call our office promptly if you are unable to attend an appointment. This time will be given to someone who is in urgent need of treatment. Any appointment(s) not cancelled 2 business days in-advance is subject to a \$50 cancellation fee.

To cancel an appointment, please call 520-298-5556 to speak with an office representative. If you do not reach an office representative, you may leave a detailed message on the office voicemail.

**NO-SHOW POLICY:**

A no-show is an appointment that was not canceled in-advance. No shows inconvenience patients who need access to dental care in a timely manner. **Last minute/late cancellations** are considered 'no-show' appointments. Failure to be present at the time of a reserved appointment will be recorded in your patient chart as a 'no-show'. A \$50 no-show fee will be billed to your account.

By signing below, I certify I have read and understand the terms and conditions of Christopher M. Granillo, DDS, LLC appointment cancellation and no-show policy:

X \_\_\_\_\_

**Patient Signature**

**Date**