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At Newburyport Pediatric Dentistry, we understand our parents and patients have busy schedules! We want to make sure that your children are seen in a timely and efficient fashion. We also want to be able to help children in pain or who have sudden emergency care needs. Our appointment policy allows us to do both of these so that we can accommodate all of your children’s needs.

Please carefully read the appointment policy below and let us know if you have any questions.

APPOINTMENT POLICY

We ask that if you must cancel or change your scheduled appointment, that you call the office **before 3:00PM at least 2 business days before** the appointment during our business hours to notify us. Our office hours are Mondays, Tuesdays, and Thursdays from 8:00AM – 5:00PM, Wednesdays from 9:00AM – 3:00PM, and the first Saturday of the month from 8:00AM – 1:00PM.

If you are scheduled for a **Monday** or **Saturday** appointment, you must call the office **before 3:00PM on the Thursday before**, as our office is closed on Fridays and Sundays.

1st No Show/Broken Appointment or Same Day Cancellation in a 24-month period, we will waive the \$75 missed appointment fee.

2nd No Show/Broken Appointment or Same Day Cancellation in a 24-month period, a **\$75 fee will be charged**. The office also reserves the right to not schedule any subsequent appointments.

3rd No Show/Broken Appointment or Same Day Cancellation in a 24-month period, a **\$75 fee will be charged** and may result in dismissal from the practice.

**Please note that if you have more than 1 child scheduled on the same day and you must cancel all appointments, a \$75 fee will be charged for each child. We reserve the right to not schedule subsequent appointments for your children on the same day and will schedule them separately.*

I have read the above policies and understand my obligations with Newburyport Pediatric Dentistry for my child’s dental care. I affirm that my signature represents my agreement to all of the terms and conditions mentioned above.

Children’s Names:

Parent/Legal Guardian’s Name (Print)

Relationship to Child

Signature

Date