



19010 Brookhurst St.
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(714) 968-8989P (714) 845-9055F
www.atoothdoctorforkids.com

Cancellation/ NO Show Policy

For all parties concerned, in consideration of your child, fellow patients, and the doctors, please know the appointment is reserved for you/your child. We kindly ask that you give us adequate notice for any cancellations.

Please be aware that our office requires a 48 business hour notice for cancelling an appointment. This does not include the time we make our appointment reminder phone calls. Failure to contact our office within 48 business hours may result in a \$50 per patient charge.

Video/Photo Policy

To respect the privacy of our patients, families, doctors, and staff, videos are not permitted. Please refrain from taking any photos without prior consent.

Patient Name(s): _____

Patient/Guardian Signature _____ Date: _____

Relationship (if applicable) _____