

Patient's Name _____ Date _____

Michael P. Gurklis, D.M.D. , P.A.

TO OUR VALUED PATIENTS

Please Read and Sign

Effective immediately, a minimum of \$40.00 will be charged for any failed or canceled appointments without any prior notification of 24 hours unless there is a true emergency. It is your responsibility to confirm your appointments, or call the day before as just a courtesy. This fee covers only a portion of the overhead such as salaries, electricity, air condition etc., which still has to be paid whether you are present or not. Once an appointment is made, please remember that this time has been reserved for you.

Thank you so much for choosing Dr. Gurklis and his staff to service your dental needs. To avoid a charge to your account for any failed or canceled appointments, please let us know which is the best way to reach you to confirm your appointment, whether it is via a cell or work number or e-mail.

Cell or Work #: _____

E-mail address: _____

Patient's signature