

**ACKNOWLEDGEMENT
OF
CANCELLATION POLICY**

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In providing the highest quality of care to each of our patients, accurate scheduling is important. For that reason, we have created a cancellation policy to ensure that we can serve all of our patients in a timely manner. Our cancellation policy is as follows:

1. You must provide at least 24 hours' notice before the scheduled date and time of the appointment you are canceling.
2. Appointments cancelled with less than 24 hours notice will be charged fifty dollars (\$50). We understand unusual circumstances may occur and with written explanation the fee may be waived.

I acknowledge that I have read and understand this policy, and agree to pay a fifty dollar (\$50) cancellation fee if I provide less than 24 hours' notice when canceling an appointment.

Signature (Responsible Party)

Date