



Phone: 718-843-3222 Fax: 718-843-4716

Missed Appointment/Cancellation Policy

If you are unable to keep a scheduled appointment please give notice 24 hours in advance, to assure that you will not be charged for the appointment. If less than 24 hours are given or you no show, **you will be charged a missed appointment fee of \$50. This fee is charged to the patient not the insurance.**

Patient Name: _____ Patient Signature: _____

Parent or Guardian Signature: _____ Date: _____

Thank You,

Dr. Paul Ilan D.D.S

