



Appointment Policy

- A parent or legal guardian must accompany any child under the age of 18 and **is required to be present in the office at all times.**
- If the patient is a minor, a parent is welcome back for the initial consultation visits. For all **surgical visits**, it is the philosophy of Tersa Oral and Facial Surgery that **a parent nor any companion is not permitted and will have to wait in the lobby.**
- All surgery appointments are scheduled with due diligence. We reserve the time in our schedule for your procedure and in turn we ask for your commitment with keeping your appointment. Your commitment to keeping your scheduled appointment is very important. You are **required** to give us **48-hour cancellation notice** if you are unable to keep the appointment.
- In the event that you are unable to provide us with at least a **48-hour cancellation notice**, **you will be required to pre-pay your procedure in order to reschedule your appointment.**
- **Consults/Any Evaluation:** Broken or missed appointments affect many people. If a broken/missed/cancelled appointment occurs, our office reserves the right to dismiss the patient from our care or charge a **\$50.00 broken appointment fee.**
- **Treatment:** Due to the large amount of time reserved and amount of set up required, **oral surgery or facial cosmetic treatment appointments missed or cancelled with notice of 48 hours or less** are subject to an immediate **\$200 broken appointment fee or dismissal of patient.**
- Please plan to arrive 10-15 minutes or more before your scheduled appointment. This will allow time for parking and to complete any additional paperwork required. **If you arrive 10-15 minutes late for your appointment, you may be asked to reschedule for the next available appointment time.**
- We strive to see all patients on time for their scheduled appointment. There are times when our schedule is delayed in order to accommodate an emergency. Please accept our apology in advance should this occur during your appointment. We will do the exact same if you were in need of emergency treatment.
- For your safety and the safety of our patients and staff we respectfully request that no food, drink, or cell phones be used in the office.

I have read and understand the appointment policy.

Patient or Legal Guardian's Name: _____

Signature _____

Date: _____