

San Francisco Dental Spa
255 King St, Ste A
San Francisco, CA 94107

Patient name: _____.

CANCELLATION POLICY

We appreciate you respecting our two business day cancellation policy. There will be a \$50.00 charge for *every hour* of the broken appointment without two business days prior notification to the office.

By signing this form you certify that you have read, understand and agree to pay this fee should you choose to break your scheduled appointment.

Signature: _____ Date: _____.