

**Aaron Family Dentistry  
2095 West Main Street Suite A  
League City, TX 77573  
281-332-1919**

**Dear Patient,**

**Please be advised that we are implementing a new policy effective February 1, 2022. Effective immediately, a cancellation/no show fee of \$50 will be applied if 48 hour notice is not given prior to changing or canceling an appointment. We will also reserve the right to CANCEL an appointment that is UNCONFIRMED 24 hours prior to the appointment time. Missed appointments affect the entire practice and make the cost of serving you higher.**

**Canceling or changing appointments via email or text will NOT be allowed. E-mail and text messages from some providers are not compatible with our confirmation program and are not always received.**

**Thank you for supporting our efforts to better serve you.**

**Aaron Family Dentistry**

**Patients Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Witnessed by: \_\_\_\_\_**