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## \*Missed Appointments\*

Once an appointment is made it is ***your*** responsibility to keep a record of it in ***your*** calendar and notify us if you need to cancel or change the appointment.

We attempt to make reminder calls a couple of days in advance but this is a ***courtesy*** and patients are not always reachable or phone numbers are incorrect.

**If you fail to show up for an appointment a fee of \$25 will be charged.**

Although we understand that emergencies do occur, failure to give us sufficient notice does not allow us to provide service to others who may need care.

**\*If you miss 3 appointments without notifying us, you will be subject to dismissal from our practice. Please call us if you cannot keep an appointment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_