

# **Ridgeview Family Dental**

**Drs. Wes Lauderback and J. Allen Burleson**

## **48 Hour Notice**

**Our cancellation policy states that if an appointment is cancelled without 48 hours' notice, a \$50.00 fee will be assessed. For more than 3 missed or no-show appointments, the patient relationship with the office will be terminated.**

**Your health is our first concern, and we believe it to be in your best interest to commit to the appointments you make in our office to minimize your dental needs.**

**Thank you in advance for understanding.**

**Sincerely,**

**Drs. Wes Lauderback and J. Allen Burleson**

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**Patient Signature**

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**Date**