



JOYFUL DENTAL CARE

Joy Poskozim DDS PC

Integrative Family Dentistry

4116 W. Peterson

Chicago, IL 60646-6147

(773)736-7767

www.joyfuldentalcare.com

CANCELLATION POLICY

To make sure that every patient gets individual attention, we set aside dedicated time for each appointment. If you find it absolutely necessary to cancel a reservation, we request that you provide our office 2 business days (48 hours) notice. If appropriate notice is not given, there may be a charge of \$100.00 per hour of scheduled reservation time.

Please understand that messages left on voicemail for reservation changes or cancellations will not be accepted and you must speak to a team member during regular business hours.

Pre-payment for all dental services will be required after 2 missed reservations or cancellations without adequate notice.

Patient or Guardian Name (Printed): _____

Patient or Guardian Signature: _____

Date: _____