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APPOINTMENT AGREEMENT

Welcome to our wonderful family of patients! Thank you for selecting us as your personal dental care team. We are confident your relationship with us will be a pleasant and rewarding one! At Smiles by Julia we provide our patients with the best clinical care possible in a warm, caring, comfortable environment. In order for us to respect the time of all of our patients, we ask that you help us in regards to the appointments that have been specifically reserved for you!

PLEASE BE ON TIME FOR YOUR APPOINTMENTS.

Your appointment time is reserved specifically for you. Arrivals of 15 minutes or more past your reserved time will be rescheduled and a fee assessed per scheduled appointment.

WE REQUIRE 48 HOURS (business day) NOTICE WHEN CHANGING OR RESCHEDULING. *This allows us to offer your time slot to another patient who is in need of our care.*

If 48 hour notice is not given or you fail to show up for your appointment at your scheduled time, we will assess a fee of \$75.00.

We thank you for your understanding and partnership in this matter!

My signature indicates that I have read this and agree to its contents.

Name (first, last)

Date

Scheduling Coordinator