

Marvista Cosmetic & Family Dentistry

Appointment and Cancellation Policy for Appointments

Our goal is to provide quality care in a timely manner. In order to do so we have had to implement an appointment/cancellation policy. The policy enables us to better utilize available appointments for our patients in need of medical care.

Scheduled Appointments

For a scheduled appointment please call (805)528-1695 between the hours of 8:00am and 4:30pm

We encourage that you schedule regular appointments to maintain your health.

Cancellation of an Appointment

In order to be respectful of the needs of other patients, please be courteous and call our office promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. This will help us best observe the needs for all of our patients.

If it is necessary to cancel your scheduled appointment we require that you call at least 48 hours prior to your appointment. Appointments are high in demand, and your early cancellation will give another person the possibility to have access to timely medical care.

How to Cancel Your Appointment

To cancel appointments please call (805) 528-1695. If you do not reach the receptionist you may leave a detailed message on the voicemail.

Late Cancellations

Late cancellations will be considered as a "No Show". Any cancellations made after 48 hours prior to your appointment may be subject to our No Show Policy.

No Show Policy

A "No Show" is someone who misses an appointment without cancelling it by 48 hours in advanced. No-Shows inconvenience those individuals who need access to dental care in a timely manner.

A Failure to be present at the time of a scheduled appointment will be recorded in the patients' chart as a "no show". The first time there is a "no show", the fee of \$75 will be billed to the patient. After the third "no show", it will be left to the physician's discretion whether or not to issue the patient a discharge letter, disengaging the patient from the practice.

The Patients' signature below indicates the patient has read and understands the above policy.

Patient Signature

Date