

Christopher J. Martinez DDS, PA  
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## Appointment Consent Form

\_\_\_\_\_ Here at the office of Dr. Christopher J. Martinez, we value our patient's time with treatment, In order to provide the upmost in quality care we require previously scheduled appointments to be confirmed and maintained according to original scheduling.

\_\_\_\_\_ We understand not all original appointments can be met so we kindly ask that when you are not able to attend scheduled appointment to please call us at least **24 to 48 hours ahead of scheduled appointment time.**

\_\_\_\_\_ We would like to extend a courtesy of 3 missed/cancelled appointment warnings per patient or family. After 3 warnings there will be a cancellation fee for any missed or cancelled appointments that are not rescheduled **at least 24 to 48 hours ahead of scheduled appointment.**

\_\_\_\_\_ Dr. Martinez requests we inform our patients that Saturday appointments are based on availability and that some procedures cannot be scheduled based on time and complexity of procedure. Also, if a confirmed Saturday appointment is missed or rescheduled Dr. Martinez will need to personally approve another Saturday appointment. Saturday appointment must be made in office or approved by Dr. Martinez over the phone.

\_\_\_\_\_ The appointment cancellation fee is as follows:

\$35.00 per weekday appointments

\$75 per Saturday appointments

\_\_\_\_\_ I have read the and knowingly understand the Appointment Consent Form and all my questions about weekday and Saturday appointments have been answered.

\* Your signature on this consent form indicates your agreement.

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

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_