

**William Glover, III, DMD, LLC  
Cosmetic & Implant Dentistry**

**Cancellation Policy**

If you must cancel an appointment with our office, we will need to be notified at least 24 hours in advance. This will allow for another patient to be seen.

**Appointments cancelled without a 24-hour notice will be charged  
as follows:**

**\$40.00 for dental procedures**

**\$30.00 for cleaning/hygiene appointments**

We appreciate your cooperation and consideration concerning cancelled appointments!

My signature below acknowledges that I have read and understand the above cancellation policy.

\_\_\_\_\_  
Signature of Patient or Parent/Guardian

\_\_\_\_\_  
Date

**1507 S. Hiawassee Rd, Suite 209, Orlando, FL 32835  
407-522-5595 \* facsimile 407-522-5598**