

Cancellation Policy

To ensure that every patient gets individualized attention, we set aside dedicated time for each appointment. If you need to cancel an appointment, we ask **that you provide our office with at least 24 hours notice**. This allows us the time we initially reserved for you to be filled by another patient who may have been waiting for this appointment time. If adequate notice is not given, **your account may be charged \$25.00** for a broken or cancelled appointment..

Signed this _____ day of _____, 20_____.

Print Patient Name: _____

Signature: _____

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