

# CANCELLATION POLICY

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## Attention Patients: New Policy starting 11/2014

This dental office requires 48-hour cancellation notice for all scheduled appointments. Failure to do so will result in a \$30.00 cancellation fee, which must be paid prior to rescheduling the failed appointment.

By signing this form, you are acknowledging the new cancellation policy and accepting responsibility.

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

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