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Cancelled and Missed Appointments Policy

Please understand that your time commitment begins at the moment you reserve an appointment with Dr. Silvertooth. Please be respectful of that commitment, as well as Dr. Silvertooth's schedule and commitment to you. There are times when a cancellation is, of course, necessary, but please give advanced notice whenever possible. Missed or cancelled appointments (medical emergencies excluded) without twenty-four hour notice will be charged in full for the missed session.

Dr. Silvertooth requires a credit card number to be kept on file in the event of a missed or cancelled appointment without twenty-four hour notice.

Credit Card number: _____ EXP DATE: _____
Visa Master Card Discover AMEX

CVV (SECURITY) CODE: ____ BILLING ZIP CODE: _____

I acknowledge that I have read and understand the above policy and authorize Dr. Silvertooth to charge my credit card if I do not provide twenty-four hour cancellation notice.

Patient Signature and Date