

**KAMRAN KASHIRAD, DDS**  
**2000 APPIAN WAY SUITE 101 PINOLE CA 94564**

WELCOME TO OUR PRACTICE  
We are confident that your experience here will be a GREAT one!

Please read and sign our **APPOINTMENT POLICY**

Appointments:

- As we understand how important our patients' time is, Dr. Kashirad and staff make it a priority to stay on schedule. Please help us be on time for treatment by being here on time. **If you are more than 10 minutes late to your scheduled appointment, you might be rescheduled.**

Initial \_\_\_\_\_

- We reserve specific time for your treatment. **If you find it impossible to keep an appointment, please notify us as early as possible. 48 business hours are required from the scheduled time of your appointment. A missed appointment or a late cancellation results in a \$50.00 charge per hour, depending on the length of your scheduled appointment.** Your dental insurance does not cover this charge.

Initial \_\_\_\_\_

- Our office schedules your dental appointment based on your schedule. It is your responsibility to ensure that all your dental appointments are kept. As a courtesy, our office attempts to call you 7 days in advance to remind you of the scheduled appointment. If you are unable to keep your appointment, please contact our office and we will be glad to reschedule to a time that is more convenient for you.

Initial \_\_\_\_\_

I have read, understand and agree to adhere to the office policy. I confirm acceptance of these policies.

Patient Signature (or Guardian Signature if patient is a minor)

\_\_\_\_\_

Print Patient Name \_\_\_\_\_

Date \_\_\_\_\_