OUR APPOINTMENT POLICY

When you make an appointment, we block time for your visit to our office. Please be aware that we require a minimum of 24 hours advance notice to cancel an appointment. If you do not appear for your appointment and we have not heard from you, the appointment is considered a "no show" or broken. After three such appointments, you will not be able to schedule an appointment, but must "walk in". This means that you will not be seen until all patients with appointments have been seen. The number of "walk ins" daily is limited; your average wait time will be 15 minutes to 2.5 hours

minutes to 2.5 hou	•	innica, your average wait time	will be 1.
	The Business Office	ce of Joseph S. Gay, D.D.S.	
I am aware of the	appointment policy.		
Name		Date	