



Dr. Corey J. Walther D.D.S., L.T.D.  
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## Appointment Policy

For time management purposes and to maximize our commitment to each patient, we are asking for your support.

Please be aware that failure to notify us of any appointment changes without **24 hour notice** will result in a **\$50 fee** that will be applied to your account. If your appointment length exceeds 60 minutes, we require **48 hours notice** for cancellation.

I, \_\_\_\_\_ have read and understand the importance of my scheduled appointments in the office and the cancellation policy.

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

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