



GARDEN CITY CENTER
FOR DENTAL EXCELLENCE

James J. Fitzgerald, D.D.S., P.C.
Danielle M. DiVanna D.D.S.
Junaid Rajani, D.D.S.

Dear Patient,

Our office strives to deliver quality care in an individualized private care setting. We reserve time for each patient in our practice and try our best not to keep our patients waiting. In effect, an appointment written in our schedule with your name on it is a bond of trust. On our end, it is a promise that we will be here, prepared, and ready to serve you to the best of our ability. In return, we ask that you be present 5 minutes before your appointment time. We expect you to be at all scheduled appointments. Constant cancellations or short notice changes will not be tolerated. We do recognize that sometimes situations do arise that are beyond anyone's control. However, please understand that a missed or late arrival for an appointment is time lost that will delay your treatment. It is also time that could have been used to serve other patients that may be waiting for an appointment. We require a full business day notice if you are NOT able to make your appointment, otherwise your account will be charged a \$50.00 broken appointment fee. The only way that we can treat our family of patients effectively and properly is if we have mutual respect for each other's time.

Thank you.

Dr. James Fitzgerald, Dr. Danielle M. DiVanna and Staff

Patient Name _____

Patient Signature _____ Date _____