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Cancellation Policy

SIGNATURE REQUIRED

Our office requires Twenty-four hours notice to cancel a reserved dental or hygiene appointment. Any cancellation made under this twenty-four hour period, or a no-show, will result in your account being charged for the full scheduled appointment time.

This cancellation policy is clearly stated on the appointment card each and every patient receives upon scheduling his/hers appointment. This is not meant to inconvenience your or any patient of this office. It is in fact to assist those of you that are waiting to be seen by this office and is fortunate enough to be fit in when another patient cancels. Without sufficient notice, everyone loses. Not only are we not treating your dental needs, but also we are unable to treat another patient that may be anxiously awaiting an opening to be seen.

Thank you for your cooperation. We look forward to providing you with continued quality dental care, giving you a reason to smile!

Patient Name

Date