



# METROPOLITAN

DENTAL

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As your dental provider we strive to accommodate your needs and to respect your time. In return we ask that you do the same. If for any reason you are unable to keep your scheduled appointment we ask that you notify us 48 hours in advance. If you miss 2 appointments without notice we will be unable to reserve time for you on our schedule and will only be able to give you same day appointments. Thank you for your cooperation and understanding.

As a patient of Metropolitan Dental I understand and agree to the above policy

Patient Name: \_\_\_\_\_

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

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

