Joseph Sarkissian DDS
906 N. Glendale Ave.
Glendale, CA 91206

Tel: 818-247-7828
Fax: 818-247-7833
drs@sarkissiandds.com

PATIENT RETAINER AGREEMENT

Name: _____ Date:_____

Due to a high number of last-minute cancellations which burden our office financially and take up time for other much-needed appointments for other patients, we are hereby asking you to provide us with a retainer. In order to reserve future appointments you are required to provide us with a credit card on file. We will automatically charge your credit card only in the event that you cancel the appointment within 48 hours, or in the event that you do not honor your appointment. This card will be used specifically for this purpose and nothing else. If appointment is on Monday, we require notification by Friday 5 pm.

Credit card #_____ exp. date _____

Security code _____

Name on card:_____

I hereby authorize the office of Dr. Sarkissian to charge my credit card the following amount in the case of missed appointments:
Missed new patient examination appointment: Adult - $150 Child - $120
Missed orthodontic visit appointment: $50
Missed cleaning (hygiene) appointment: $140 - 160 adults, $100 children
Missed future treatment appointments: $220 per scheduled hour, $120 per half hour.

Our office requires to receive this signed form before your appointment. So, please fill, print and sign this form and scan and email it back to our office (forms@sarkissiandds.com). We can only reserve your appointment after we have received this form.

Signature:_____ **Date:**_____
(Patient or responsible party)

Printed name:_____

Print Form

Upd 11.07.17