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**EMAIL/TEXT CONSENT**

I would like to receive an e-mail and/or text message to confirm my appointments (please check which is desired).

\_\_\_\_\_ **E-mail**      Address: \_\_\_\_\_

\_\_\_\_\_ **Text**      Mobile Number: \_\_\_\_\_

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



**BROKEN APPOINTMENT CHARGE**

Your appointment is reserved for you and we look forward to seeing you. If you are unable to keep your appointment you must cancel at least **24 hours** prior to your appointment time.

Failure to notify our office, or not showing up for your scheduled appointment will result in a \$50.00 charge to you. This is not covered through your insurance.

Kindly give us notification so your appointment time can be given to another patient.

Thank you for you cooperation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print:** \_\_\_\_\_