

**Hera Z. Blazer, D.D.S.**

3556 Concord Blvd.

Concord, CA 94519

(925) 685-4820

We respectfully request that you give us **48 hour** notice of cancellation, if possible. At the minimum, we expect a **24 hour** notice of cancellation of your appointment, or you will be charged a **\$ 50 fee**.

The office is not opened on Fridays, therefore a Monday appointment must be canceled and rescheduled by Thursday afternoon.

I hereby acknowledge that I have read and do accept this office policy.

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

Signed: \_\_\_\_\_

Staff Member: \_\_\_\_\_