



Castillo & Mulkey Dental
700-79th Street
North Bergen NJ 07047
201-854-8100

601 Main Ave
Passaic NJ 07055
973-473-8188

3133 Central Ave
Union City NJ 07087
201-330-3333

We Need Your Help and understanding!

Last minute cancellations and no-show appointments have become a concern to our office, which has set specific time aside to perform your necessary treatment.

We would like to point out that it is customary and required that we receive notice of a change of appointment at least 48 hours in advance. In case of a personal emergency please call our office as soon as possible. This gives our dental office the opportunity to schedule another patient who needs to be treated. We are sure you understand policies must be set and adhered to and ask you to remember this: your broken appointment hurts three... you, another patient, and our office.

We will greatly appreciate your help in solving this problem. Thank You!

PLEASE NOTE: OUR OFFICE POLICY REQUIRES THE PAYMENT OF \$50.00 PER ½ HOUR, FOR APPOINTMENTS CANCELLED WITHOUT PROPER 24 HOUR NOTIFICATION.

PLEASE AVOID THIS ADDITIONAL EXPENSE BY GIVING US 24 HOURS NOTICE.

Patient Name: (please print) _____

Patient Signature _____ Date _____

**Acknowledgement of Receipt of
“Notice of Privacy Practices”**

You may refuse to sign this acknowledgement

I, _____,
have received a copy of this office’s “Notice of Privacy Practice”.

Signature _____ Date _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our “Notice of Privacy Practice”, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtained the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other _____