



## OAK HARBOR Dental

Cassim Ahmed DDS and Nivine Dughayli DDS, LLC.  
11707 West State Route 163 Oak Harbor, Ohio 43449  
**419.898.6633**

### PATIENT APPOINTMENT AGREEMENT

We make every effort to value your time and schedule with your appointment time just for you. We truly appreciate your courtesy of giving us at least 24 hour notice if you have a conflict with your appointment and need to schedule a different day or time. We are committed to your oral health and keeping your scheduled appointments allows us to be partners in your dental care.

I acknowledge my appointment is a reservation. Initials

I acknowledge I am required to provide 24 hour notice to make any changes to my appointment. Initials

I acknowledge I may be charged a fee if I do not give 24 hour notice for changes to my appointment. Initials

If you are more than 10 minutes late to your appointment, we reserve the right to give your appointment away to another patient. If we do not have time allotted in our schedule to fit you back in: This is considered a missed appointment. Initials

I acknowledge Oak Harbor Dental has the right to dismiss me as a patient if I do not comply with their patient appointment agreement. Initials

*We realize emergencies arise from time to time; these will be taken into consideration.*

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Patient Name Printed

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Patient or Parent/Guardian Signature

Date