Subject: Appointment Policy

Number:

Effective Date: January 1, 2015

Revision Dates: July 29, 2022

PURPOSE

To clarify the expectation of a patient with regard to making and keeping dental appointments at the UW Center for Pediatric Dentistry.

GENERAL POLICY

The University of Washington Center for Pediatric Dentistry is dedicated to providing the best quality dental education and services to improve the dental health of children ages birth through 18 and children with special needs ages birth through 20.

To help meet the increase in demand for our services and in an effort to provide the best care possible to the most patients it is essential that a patient agrees to make and keep appointments in accordance with explicit guidelines. Failure to comply with these guidelines could have a negative impact on the care process for the individual patient and greatly inhibits the Center’s ability to treat patients in a timely and efficient manner.

IMPLEMENTATION

I. Keeping Appointments

A. Appointment Cancellation: An appointment cancellation is defined as notice being given to the clinic by the patient at least 24 hours before the appointment that he/she cannot meet that arranged appointment.

B. Missed/Failed Appointments: A missed/failed appointment is defined as one of the following conditions:

1. Not showing up for an appointment
2. Canceling an appointment with less than 24 hours notice.
C. Documentation: The clinic is responsible for documentation of missed/failed appointments in the patient record. The documentation shall include the date and time of a missed/failed appointment, time of arrival for patients late to a planned appointment, and time of cancellation if less than 24 hours notice given.

D. Notification: Patients will be notified that a broken appointment has been entered if they are calling to cancel with less than 24 hours notice, on the day of service for late arriving patients, or when an appointment is rescheduled after a patient fails to show up.

II. Termination Protocol

A formal protocol shall be used for managing the warning to patients and possible discontinuation of services at Center for Pediatric Dentistry.

A. Established Patients
   1. First missed/failed appointment: Patients will be informed when an appointment meets the requirements to be considered missed/failed.
   2. Second missed/failed appointment: results in a phone call from social work. Social work will establish additional supports if needed to attend appointments and inform families that another missed appointment will result in termination from the clinic.
   3. Third missed/failed appointment: results in termination from the clinic. Termination letter is mailed to address on file.

B. New Patients
   1. First missed/failed appointment: results in a call from social work. Will be unable to reschedule until speaking with the social worker.
   2. Second missed/failed appointment: results in termination from the clinic. Termination letter is mailed to address on file.

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**Appendices:**

Appendix A, Termination Letter
Dear parent/guardian of: __________________________________

As your child’s dental health care provider, we are concerned that he/she did not keep their scheduled appointment(s) on __________________. Missed appointments impact our ability to provide dental care to your child, and also limit the availability of appointments for our other patients.

Due to University of Washington School of Dentistry policy, multiple missed appointments without a 24 hour cancellation notice results in the loss of the ability to schedule future appointments in our clinic (termination).

This letter is notice of termination from The Center for Pediatric Dentistry at the University of Washington for a period of two years from the date above.

We advise you to find another dentist to complete the current procedure and for future care. If emergency dental care is needed within 15 days of this notice, our clinic will remain available to you.

Sincerely,

Britt Feely
Director of Clinic Operations

cc. Patient’s Electronic Health Record