

CANCELLATION POLICY

Dr. Donald R. Ruch D.M.D.
Dr. Jennifer S. Albertus D.M.D.
1231 Drexel Avenue
Drexel Hill, Pa. 19026

Attention Patients: New Policy starting 01/2025

This dental office requires **24-hour cancellation notice** for all scheduled appointments. Failure to do so will result in a **\$50.00 cancellation fee**, which must be paid prior to rescheduling the failed appointment.

By signing this form, you are acknowledging the new cancellation policy and accepting responsibility.

Signature: _____ Date: _____

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