

Judson R. Roberts, DDS
Robin H. Berrin, DDS
Judith V. Lane, DDS
Robert W. Pretel, DDS, MSD

Capitol
PERIODONTAL
G R O U P
Periodontics & Implant Dentistry

P. Paul Towfighi, DDS, MS
P. Kevin Chen, DMD, MS
Rosemary Wu, DMD, MS

Patient Name _____ Account # _____

Appointment Policy

Our policy requires that all appointments be confirmed 48 hours in advance. In the event we are unable to reach you to confirm your appointments or we do not hear back from you at least 24 hours prior to your appointment time, it may be necessary for us to offer your appointment to another patient. If you cancel or fail your scheduled appointment, we may be unable to reschedule you, or may require you to pre pay your estimated portion in full.

Patient Signature _____

Date _____

Sacramento Office
1810 Professional Drive
Sacramento, California 95825
(916) 971-3461
(916) 973-9830 Fax

Laguna Office
9309 Office Park Circle, Suite 110
Elk Grove, California 95758
(916) 684-3379
(916) 684-4106 Fax

Roseville Office
2428 Professional Drive, Suite 100
Roseville, California 95661
(916) 786-6585
(916) 786-7542 Fax

Folsom Office
2535 East Bidwell, Suite 150
Folsom, California 95630
(916) 984-1109
(916) 984-1764 Fax