



Welcome to our practice! We are thrilled to have you as our patient.

As you will soon see, we are a bit different in our style of care from other offices nowadays. We are a small, private office. You will always be treated by the same dentist, one of two regular hygienists, and will always see the same staff helping out. We love the fact that we know our patients by name and soon you will know our names too!

We offer convenient morning, afternoon, and evening hours to accommodate your busy schedule. The time we assign you is reserved especially for you, which is why we can keep our wait times minimal. We reach out to each patient at least 24 hours prior to an appointment to remind you and it is helpful if you **return our call** to confirm. Also, should you need to reschedule or cancel your appointment please do so as soon as possible so we may offer your time to another patient. Although it is rare, we do reserve the right to charge a missed appointment fee for appointments not canceled within a 24 hour time frame.

We will gladly file insurance claims on your behalf. Please keep us updated on any changes to your policy. Remember that **you** are responsible for all charges not covered by your carrier when services are rendered. You will receive a statement from us whenever a balance is due and your timely attention to your account will avoid unpleasant billing charges. Please remember that we **estimate** charges based on insurance coverage, and these are subject to change. **Do not hesitate to call.** We understand that copays and deductibles can be quite confusing.

In the event that you experience a dental emergency during off hours, **do not panic.** The doctor's cell phone is on the answering machine. This service is reserved for existing patients with an emergency that cannot wait until the office reopens.

Most importantly, we take pride in the fact that we adhere strictly to all CDC and ADA guidelines for infection control and sterilization. Our digital radiography allows us to take necessary images of your mouth with less radiation and increased comfort.

Congratulations! You are on your way to a lifetime of healthy smiles. We look forward to meeting you and are honored that you have chosen us to participate in your dental care!

I have read and understand all policy reviewed above. I also understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatments which I have requested and/or authorized. I have had the opportunity to read all forms and ask questions. My questions have been answered to my satisfaction. I consent to move forward with treatments.

X _____

(Signature of Patient/Guardian)

(Date)