

## OUR OFFICE POLICIES

We have three policies we feel are important to share with our patients. We strongly believe in our work and professional efforts. We, therefore ask you to read this page thoroughly and then sign indicating that you understand these policies.

### **COMMITMENT TO TREATMENT POLICY.....**

We believe that all treatment begun should be completed. Incomplete treatment leads to problems, complications, misunderstandings, and usually further disease. Therefore, if a plan is agreed upon and started, it needs to be completed.

### **COMMITMENT TO APPOINTMENT POLICY.....**

Time has become one of our most valuable commodities in today's world. We realize how important your time is to you.

We limit the number of patients we see in a day. When we place your name on our schedule and reserve a block of time for you, we trust that you will be here for that appointment. We request that you give us at least 24 hour notice prior to canceling and appointment.

We constantly strive to be on time for you appointment. However, patients with emergencies sometime need our attention and we will handle them in the absolute minimum amount of time possible.

### **COMMITMENT TO FINACIAL ARRANGEMENTS POLICY.....**

We believe we have the responsibility to use the best professional care, skill and judgment in planning and delivering your dental treatment. Your payment will reimburse us for our services. By signing below, you are indicating that after all fees are properly explained to you, you agree to fulfill your financial commitment to our office promptly and completely.

### **TREATMENT AUTHORIZATION AND ACKNOWLEDGEMENT.....**

I consent to examination as necessary or desirable to the care of the registered patient, for the diagnosis of dental disease, deformity or treatment of dental emergency. The procedures may include radiographs, models, photographs, and intraoral exams. In case of a dental emergency, I consent to treatment as deemed necessary by the doctor, understanding that procedures will be explained in advance. I have read and completed the following questionnaires to the best of my knowledge and agree to the above policies.

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PATIENT, PARENT OR LEGAL GUARDIAN

DATE