



Appointment Policy:

Thank you for choosing our office. We will do everything we can to insure that you have a positive experience. We take our relationship with our patients and parents very seriously and ask that you do the same. As partners in your child's dental health we know how important mutual trust and respect are. Please take a few minutes to read the appointment policy below. Thank you for trusting us with your child's dental well-being.

- Please take a few minutes to fill out the new patient paperwork you received. If you have any questions please free to give our office a call.
- If you do not find the opportunity to complete the new patient paperwork we request you arrive fifteen minutes before your appointment time. This will give us the opportunity to assist you and for the practice to remain on schedule
- Please arrive five minutes prior for your appointments this will assist us in serving you and our other patients.
- We strive to run on schedule so we can see all our patients at their appointed times. There may be times however when our scheduled is delayed so we may accommodate a child with a dental emergency. Please accept our apology in advance. Be mindful that we will do the same thing for your child if that need arises.
- We will always do our best to accommodate you. However if you arrive more than fifteen minutes late for any appointment it may be necessary to reschedule your appointment for another time.
- If you are not able to keep appointments please give us a call as soon as you know or a minimum of twenty four hours before. This will allow us to utilize that time for another patient.
- If an appointment is cancelled without proper notice(calling less than twenty four hours in advance) or broken (no call no show) the practice reserves the right to charge a fifty dollar cancellation fee for treatment appointments and twenty-five dollars for hygiene appointments.
- Broken appointments affect everyone in the practice. If you develop a pattern of broken appointments and no- shows, the practice reserves the right not to schedule any subsequent appointments.

If it any time you have questions or concerns please feel free to ask anyone on our team or give us a call. We appreciate the oppportunity and the trust you have in us.

I have read and understand the above and promise to abide to the best of my ability.

X _____ date _____
Signature Print Name