



PRACTICE POLICIES

- We require 24 hour prior notice if you are unable to keep your scheduled appointment. We reserve the right to charge you a cancellation fee and/or dismiss you from the practice if you fail to comply with this policy.
- When we call to confirm our appointments, we ask our patients to confirm their appointment by return phone call, email or text message within 24 hours after receiving your confirmation notification. Failure to comply with this policy will mean you scheduled as an "unconfirmed stand-by" patient and you may or may not be seen if you show for your appointment.
- There is a \$30.00 fee for transfer or release of patient's records, including x-rays.
- **Children may not be left alone** in the reception area and may not accompany you to the treatment rooms/ area. Please arrange for child care prior to your appointment or we reserve the right to reschedule your appointment.
- **Only patients** are allowed in the treatment rooms/area. If the patient is a minor, the parent or legal guardian will be allowed to accompany the patient to the treatment room where the treating doctor will explain the diagnosis, planned treatment and risks and benefits of the treatment. When it comes time to deliver the treatment to the patient, it will be at the discretion of the treating dentist whether they will allow the parent/ legal guardian to remain in the treatment room for the remainder of the appointment.
- Parent, legal guardian or nursing home staff must remain at the office during treatment if the patient is younger than 18 or is a resident or in the care of a group home, assisted living facility, nursing home or any other type of guardian care.
- Cell phone use is **NOT** permitted in the reception area or operatories. Please step outside of the building to use your cell phone.
- Food and beverage is not permitted in the reception area or operatories.
- Smoking is not permitted inside or within fifty (50) feet of the patient entrance.
- Weapons of any type (guns, knives, batons, etc), concealed or unconcealed, are not permitted inside.
- Please be considerate of others when talking. Patients who talk loudly or use inappropriate language may be asked to leave.

I understand and agree to conform to the above practice policies.

Print Name: _____ Date: _____

Patient/Legal Guardian Signature: _____