



Hi and welcome to our office!

In order to make your visits with us as pleasant as possible, we have outlined some responsibilities for **all** of us.

- **We** will endeavor to provide you with the most appropriate dental care possible.
 - **We** will provide our treatment in a pleasant, relaxed atmosphere. At no time during your treatment should you feel discomfort.
 - **We** will seat you in a timely manner. Our goal is to see you at your appointed time. Please understand that at times things do occur which cause us to run late. If this happens, someone will come and inform you of the anticipated wait time. If need be, we can reschedule that appointment.
 - **We** will do our best to inform you of the anticipated fees prior to us performing those procedures. Due to the multitude of dental insurance plans and the frequency of changes in their coverage, our anticipated fees will be our "best guess." Also understand that at times the actual treatment varies from what was planned. This may affect the fees.
 - **We** reserve the right to reschedule your appointment if you are more than 10 minutes late.
 - **We** reserve the right to not schedule you for any more appointments if you have multiple no call, no show appointments.
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- **You** will arrive in time for us to seat you at your scheduled time.
 - **You** will inform us in advance for your appointment if you have "special needs" regarding your treatment.
 - **You** will inform us if you are feeling discomfort during your treatment so that we may "deal with it."
 - **You** will give us no less than 24 hours notice if you must change your appointment.
 - **You** understand that if you fail to show for an appointment, you are liable for a failed appointment fee.
 - **You** will pay your predetermined balance at the time of your visit.
 - **You** will refrain from using your cell phone while you are in the treatment room.

I have read and understand these responsibilities.

Patient or Guardian

Date