

OFFICE POLICY



To enable us to establish the best relationship possible with our patients and to avoid misunderstandings in the future, we have established certain office policies. Please read these policies and sign below signifying you have read and understand the following.

We require a 24-hour notice if you need to cancel an appointment. There is a \$50.00 broken appointment fee, which will be applied to your account if we do not receive adequate notice for cancellation. The fee must be paid in order to schedule your next appointment. Our purpose in establishing this policy is to make patient scheduling as convenient and easy as possible. If we are given proper notice of necessary cancellation, we will be better able to see patients that may desperately need treatment. By the same token, a 24-hour service will be made available for emergencies.

I hereby grant authority to Dr. Maples, Dr. Hoffman, and her legally qualified auxiliaries to administer treatment as deemed necessary or advisable in the diagnosis and treatment of my child's dental care.

Parent/Guardian Signature: _____

Date: _____