

## **Consent for Treatment & Appointment Policy**

1. I hereby authorize doctor or designated staff to take x-rays, study models, photographs or other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of (name of patient) \_\_\_\_\_'s dental needs.
2. Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
3. I agree to the use of anesthetics, sedatives and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.
4. I give consent to the doctor's designated staff's use and disclosure of any oral, written, or electronic health records that are individually identifiable as mine for the purpose of carrying out my treatment, payment and health care operations. I understand that the minimum amount of information necessary to provide quality care will be used or disclosed and that a notice fully outlining the protection of my personal health information is available.
5. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. If required, I also understand a check of my credit history may be made. In the event it is necessary, I agree to pay all associated fees on delinquent balances should the office use an outside source for collections.

### **Appointment/Cancellation Policy**

Our staff at Victorian Dental is committed to providing the highest quality of dental care and services for our patients. Dental procedures require preparation and planning. This includes appropriate staffing, treatment room availability and material preparation at specific times during our work day. We reserve specific time blocks in an attempt to meet patient schedules and the urgency of the dental need. If you have made an appointment with us, that time has been reserved exclusively for you and we have prepared in advance for your visit. Every effort is made to keep on schedule so we respectfully ask patients to be prompt and honor their appointments. We will attempt to contact our patients prior to their appointment (either by email, text or telephone) to remind them of the date and time, but please do not depend on this courtesy.

Please be advised of the following requirements:

- We require **48 hours notice** for cancellation of a scheduled appointment.
- A cancellation fee of **\$50.00** will be added for all missed or cancelled appointments with less than 24 hours notice. Appointments longer than 60 minutes will result in a higher fee.
- If there are three missed or cancelled appointments without 24 hours notice appointments in a year time frame, we reserve the right to not schedule any further appointments or require a deposit in order to schedule a future appointments.
- Family/Medical emergencies will be taken into consideration.

By signing below, I have read and understand this consent and appointment policy for Victorian Dental. I have been given the opportunity to ask questions, and can request a copy of this policy at any time.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date