

Privacy Policy and Dental Materials Fact sheet

ACKNOWLEDGEMENT FORM

I have received the notice of Privacy and Dental Materials Fact sheet and I have been provided an opportunity to review it.

Please list below anyone you grant permission to discuss your dental treatment with if needed:

Name _____ **Relationship** _____ **Phone:** _____

Name _____ **Relationship** _____ **Phone:** _____

Missed Appointment and Cancellation Policy

If you are unable to keep a reserved appointment, please give a minimum of 24 hours advance notice, to ensure that you will not be charged for the appointment.

Failure to honor or cancel a reservation will result in a \$150.00 per hour cancellation fee. It is not our intention to charge you; however, a phone call only takes a moment. Kindly honor our commitment to each other.

Name: _____ **Birthdate:** _____

Signature: _____

Date: _____