OFFICE POLICIES

APPOINTMENT CANCELLATION POLICY

In our dental practice, we respect the importance of your time and we work very hard to schedule appointments that accommodate the scheduling needs of all our patients. We want you to know that we make every effort to see you at your scheduled appointment time. We greatly appreciate that you notify us at least 48 business hours prior to your scheduled appointment time, if you must CANCEL or RESCHEDULE your appointment. Please also note that a cancellation fee may be charged for an appointment if the appointment is cancelled or rescheduled without at least 48 hours notice.

Please initial : _____

FINANCIAL POLICY

All payments/co-payments for services are due at the time dental treatment is provided. Every effort will be made to provide a treatment plan for services with estimated costs, so that you can be prepared for payment on your next visit. As a courtesy to our patients, if you have dental insurance, we will file your dental insurance claims and bill your dental insurance company for treatment you receive. However, in the event the insurance company does not pay the estimated portion of the bill, the balance will become the patient’s responsibility and will be billed directly to you.

Please initial : _____

PHOTOGRAPHY RELEASE/CONSENT

I, hereby give Dorri's Dental and any of the employees the right and permission to use and/or publish photographs of me for clinical purpose only. Release of Claims: I, hereby release and discharge Dorri's Dental and all persons functioning under his permissions or authority from any legal or equitable claims.

Check on the following: ☐ Yes, you may use my photos. ☐ No, please do not use my photos.

Signature of Patient or Guardian: _____

Date: _____