



PATIENT AGREEMENT FORM

We know that as a patient you have a large array of choices when it comes to picking the right dental practice for you. We appreciate you choosing us as your dental care provider. As a patient, you should expect nothing but the best from your dental office in terms of dental care, a welcoming and friendly atmosphere and a respectful team. We strive to create your ideal office and hope to foster a relationship of mutual respect between patient and provider.

As a patient in our office, we will provide you with:

- Patient amenities menu
- Soothing and attractive atmosphere
- 24 hour on call doctor
- Billing insurance for patient
- Financing available
- Top quality patient care
- State of the art technology
- Digital x-rays (use 70% less radiation)
- Gentle and caring team
- Comfortable care for high fear patients
- General, cosmetic, preventative, orthodontic and implant dentistry
- Advanced treatment for gum and bone disease
- Teeth whitening procedures

As a patient of our office, we would appreciate the following:

- Prompt payment for treatment at time of service
- At least a 48 hour notification of appointment cancellation
- On time arrival for appointments
- Informing office of changes to health, address, insurance, etc.
- Treatment of staff members and the doctor with courtesy and respect.

In order to facilitate the best care and treatment for you and other patients, we ask that you read and sign the above agreement. If you have any questions, please do not hesitate to ask.

Patient Signature

Date