East Alabama Pediatric Dentistry

APPOINTMENT POLICIES

Welcome to East Alabama Pediatric Dentistry! We are glad you have made an appointment for your child for important oral health care. Regular dental visits every 6 months, including examinations, cleanings, fluoride treatments, dental sealants, and fillings are important to keep teeth healthy. It is especially important that you keep your appointment! Valuable time has been reserved for your child's care. A missed appointment results in lost time which could be used for another patient waiting to receive treatment. Every effort is made to keep on schedule so we respectfully ask patients to be prompt and keep their appointments. Our standard office policy regarding appointments is as follows:

BROKEN/MISSED APPOINTMENTS

We try to remind patients by telephone prior to the appointment, but **please do not depend on this courtesy.** If we are unable to reach you, your appointment card will serve as confirmation of your appointment and implies your obligation to be present. That appointment date and time has been reserved especially for you. **We reserve the right to charge $25.00 for office visits canceled or broken without 24 hours advance notice.** Exceptions to this policy can be determined only on an individual basis according to the circumstances.

Occasionally, children's illnesses or other unexpected emergencies make it necessary to cancel an appointment with less than 24 hours of notice. Please contact our office immediately and we will do our best to accommodate your situation.

LATE ARRIVALS

If you arrive more than 10 minutes late for your child's appointment, you may be asked to reschedule for the next available appointment time.

APPOINTMENT DELAYS

We strive to see all patients on time for their scheduled appointment. We make every effort to stay on schedule. Occasionally, there are times when our schedule is delayed in order to accommodate an injured child or an emergency. Please accept our apology in advance should this occur during your child's appointment. We will provide the same courtesy if your child is in need of emergency treatment.

I have read and understand East Alabama Pediatric Dentistry's appointment policy.

_____ _____ _____

Parent or Guardian signature Child's name Date

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