

**From:** Christine [cem196/@ptd.net]  
**Sent:** Friday, December 05, 2008 12:48 PM  
**To:** Mubina Gangji  
**Subject:** Office Policies and Procedures.doc

## Gentle Family Dentistry Office Policies and Procedures

\_The Dentists have reserved valuable time for your appointment. Please honor the scheduled appointments and arrive on time. If you are unable to keep your appointment, **48 hours notice is required**, otherwise a **\$40.00 fee** will be charged to your account.

*We accommodate our patients with Saturday appointments. Therefore, broken appointment especially on a **Saturday** will be charged an **80.00 fee** without notice.*

**Deductibles** (if applicable) and **co-payments** for services rendered are due at the completion of the visit.

- *(If applicable)* I am the parent, guardian or representative of \_\_\_\_\_ and there are no court orders

Please print name of Minor/child  
now in effect that prohibits me from signing this consent. I do hereby request and authorize the dental staff to perform necessary dental services for the child named above, including but not limited to x-rays and administration of anesthetics, which are deemed advisable by the dentist, whether or not I am present when the treatment is rendered.

**Simple Agreement:** Patient authorizes the Doctor to deposit checks received on patient\_s accounts when made out to the patient

\_There is a \$20.00 fee for duplication of radiographs.

\_The dentists strongly recommend the placement of white tooth colored fillings (mercury \_free). Your dental insurance may not cover the additional cost associated with the placement of these fillings on the posterior teeth (molars and premolars). There may be an additional charge. Please indicate whether or not you wish to have white tooth colored (mercury-free) fillings placed on posterior teeth.

**Yes \_\_\_\_\_ I wish to have white fillings**

**No \_\_\_\_\_ I do not want white filling**

I, \_\_\_\_\_ understand that if I am delinquent on my obligation to pay Gentle Family Dentistry, then I will be responsible for any fees, interest charges, court costs, attorney fees, and collection charges should the balance not be paid in due diligence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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