

WE CARE ABOUT YOU!

Thank you for the confidence you have placed in us to care for your Dental needs. Your dentist will prescribe an individual plan to care for your condition. This treatment plan will require commitment from you and your dentist.

Once this treatment plan is agreed to, your dentist will need to monitor your progress and may require you to attend visits in our office. In order to ensure the availability of appointments for those who need services we have established a **"NO SHOW"** policy in our practice.

A **"NO SHOW"** appointment occurs when you do not show up for a scheduled appointment, arrive late, or when you cancel your appointment with less than one day's notice (24 Hours.) If you fail to show or cancel an appointment, there will be a fee of **\$45.00** charged to your account.

Monitoring your condition is very important to the successful outcome of your care. It is for this reason that if you failed to attend three consecutive appointments in a six month period of time, you will be discharged from our practice, and you will not be allowed to make future appointments with any dentist in our practice.

We ask that if you are unable to make your scheduled appointment, you call our office at least 24 hours in advance. We will make every attempt to reschedule you in a slot that is convenient for both you and your dentist based on the urgency of the appointment.

Complying with your dentist's treatment plan is very important in keeping you on the right path to a **HEALTHY SMILE!**

X _____
Signature of Patient/Representative

Name of Patient/Representative-Description of personal Representative's Authority

Date:

ACKNOWLEDGE OF RECIEPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of Dr. Sonia Jennings' notice of privacy practices.

Signature: _____

Date: _____