



Smile Center

Dr. Swagatha Chavva

Dear Patient,

Welcome to our practice. Thank you for your confidence in scheduling an appointment with our clinic. We are always dedicated to quality care for all our patients and we are always here to discuss your problems and find together the most appropriate solution. Our office policies are as follows. Please read carefully the following policies and sign below.

GENERAL OFFICE POLICIES

1. We require a 48 hour notice in the event of a cancellation. It is your responsibility, when you call in, **to have an alternative time in mind that will ensure you get in the full prescribed treated whenever possible.**
2. There is a \$25 charge for a **no show** or **cancellation** without proper notice. This charge will not be covered by your insurance company, but will have to be paid by you personally.
3. You should understand that when you **no show** three people get hurt: 1) Yourself because you don't get the treatment you need, 2) the dentist who now has a "vacancy" in her schedule since the time was reserved for you personally, and 3) another patient who could have been given treatment if you had given us proper notice.
4. **Regarding Lateness:** If you are late, you may not get in your full treatment because it would cause other patients to be delayed.
5. **Regarding Being Early:** We will do our best to get you in as soon as possible. Most of the time you'll have to wait until your scheduled time to be seen because there are other patients who are still in treatment.

After you have read carefully the above, please sign the following:

I _____, agree to be treated in this dental clinic by the Dentist and her staff and I also agree with the terms specified above.

Patient's Signature

Date