

Welcome to our office

We'd like to take this opportunity to welcome you and at the same time familiarize you with some of the treatment possibilities you may encounter on your first and/or subsequent hygiene appointments. After reading, sign at the bottom.

Children (17 yrs and younger)

Each 6 month visit includes a prophylaxis, a fluoride treatment and an exam. Two (2) or four (4) digital images are taken on the first visit and then yearly thereafter. Minor children will not be treated without parent or legal guardian physically present.

Adults (with good oral health)

Each 6 month visit includes a prophylaxis and an exam. Two (2) or four (4) digital images are taken on the first visit and then yearly thereafter. A fluoride treatment is recommended and will be provided per request at a small additional fee.

Adults (with irregular checkup history)

Your care may be altered from the above as determined by the hygienist/doctor. A full series of digital images may be necessary and all that time allows. If further treatment is rendered at this visit, it may be part of a treatment process. The treatment specific for you and the added expenditures will be explained to you by the hygienist.

All Adults

We normally recommend a full mouth series of digital images when you begin with us and every (5) five years or so thereafter. This allows for proper monitoring of the entire mouth. This will probably occur at a separate appointment.

In order to provide quality care it is important to arrive on time to your appointment. We strive to stay on schedule and understand that everyone's time is valuable. If you arrive late, you may be rescheduled. Consistent late arrivals may result in dismissal from the office. We also adhere to a strict no show policy. If you need to cancel your appointment, we kindly ask that you call at least 24 hours in advance. If you miss an appointment without calling to cancel, you may be dismissed from the practice.

I have read the above and understand that I have the right to question or refuse any treatment recommended. It is my duty to inform the doctor/hygienist of my wishes before treatment ensues.

Signature of patient/Parent/Guardian

Date