

APPOINTMENT GUIDELINES

The scheduled appointment is reserved specifically for your child. Any change in this appointment affects many patients. We reserve specific time blocks in an attempt to meet patient schedules and the urgency of the dental need. If you have made an appointment with us, that time has been reserved exclusively for your child and we have prepared in advance for your visit. If a cancellation is unavoidable, please contact the office at least **24** hours in advance so that we may give that time to another patient.

- Please plan to arrive at least **5** minutes before your scheduled appointment. This will allow time to complete any paperwork and ensure that we see your child on time.
- If you arrive **10** minutes late to your appointment, you may be asked to reschedule to the next available appointment time, so that we may treat your child thoroughly and, out of respect to others, not delay those who have shown up on time for their appointments.
- Broken or missed appointments affect many people. If 2 broken/missed appointments or cancellations without **24** hour notice occur, our office reserves the right not to schedule any subsequent appointments. If we mutually agree to keep our practice-patient relationship, then we will still see you at our practice, however due to missed and broken appointments we will not be able to reserve our busiest times, for example, weekends, evenings, before and after school. There is a **\$25.00** charge per hygiene appointment missed and a **\$50.00** charge for a failed or cancelled treatment appointment.
- All restorative (fillings, extractions, etc.) procedures are scheduled in the morning. Children, as well as adults, are more prepared to handle the stress of the procedure in the morning

Our goal is to give each patient the appropriate time needed to ensure their dental health needs are met during their appointment. We appreciate your help in improving our office and value our patients greatly. We are here to help in any way we can, so please contact us with any questions.

I have read and understand the Appointment Guidelines for Sea of Smiles Pediatric Dentistry.

Parent/Legal Guardian Signature: _____ Date: _____

Patient(s) Name (Please Print) _____