

Patient Policies

We appreciate you choosing J-town Comprehensive Dental Center to provide your dental care. In an effort to acquaint you with our office and prevent confusion, we would like to outline some of our office policies.

Patients are seen by appointment only. We make every effort to see our patients in a timely manner; therefore, we ask that you make the same effort to be on time for your appointment.

Patients that are late may be asked to reschedule their appointment for a different date or time. It is important to us that we adhere as closely to our schedule for the benefit of all patients.

Should WE be delayed by an emergency we will continue seeing patients in the order that they are scheduled. We will notify arriving patients and those in the waiting room of any delay.

We want to provide a safe and pleasant atmosphere for our patients; therefore, we will not tolerate unacceptable behavior. This includes, but is not limited to rudeness, shouting, profanity, and/or any verbal or physical abuse or threats of any kind. We will not allow any person into our office that appears to be intoxicated or under the influence of drugs.

Due to OSHA regulations and our technical equipment, only the scheduled patient is permitted in the dental operatory during treatment. This includes all children.

Minors 17 years and younger must be accompanied by the parent to be seen in the office. Parents can give consent for another adult to accompany the minor by signing a consent form which must be updated annually.

ALL cell phones and pagers must be turned **OFF** while in the Operatories.

There is a charge for all returned checks, stop payment, etc... Should you have a returned check, stop payment, etc... your balance must be paid in full with cash, money order or a card.

We require **2 Business Days'** notice to change your reserved appointment. Should we not receive proper notice, you will be assessed a broken appointment fee based on the type of appointment missed. If you cancel your appointment same day, you will be charged an additional \$15 fee.

Repeated cancellations or missed appointments will result in loss of future appointment privileges.

I consent to the use of taking photographs in the course of any dental treatment that I undergo.

Patient Signature

Date