



PATIENT NAME _____ DATE OF BIRTH _____

NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received, or have had the opportunity to receive, a copy of the Official Notice of Privacy Practices from Bright Smiles Dental, LLC. (Copies can be obtained from the front desk)

Date: _____ Signature: _____ Relationship to Patient: _____

Initial all statements that apply:

____ I authorize you to leave messages regarding my appointments on my answering machine or

____ I authorize you to discuss appointments with my spouse as listed on my patient information

____ I authorize you to communicate with the additional following individuals:

By signing this authorization, I understand that this does not authorize release of health information by Bright Smiles Dental to any other organization or agency unless I grant further authorization. I also understand that these authorizations may be revoked at any time.

Date: _____ Signature: _____ Relationship to Patient: _____

APPOINTMENT POLICY

We consider an appointment made to be a commitment between our office and the patient. We count on you to be here, on time for your scheduled appointment. **If an appointment is cancelled or missed without a 48 hour notice we may apply a charge of 75.00 per hour at our discretion.** If multiple appointments are missed we will be forced to dismiss you from our practice. If you have an emergency circumstance we are unaware of please call and let us know. We would be happy to remove any charge that was applied with a full understanding of the situation.

Regular follow-up care is very important in preventing cavities and maintaining long-lasting dental health. We encourage our patients to return for their recommended visits and will inform you when you are due for your next visit at the end of each appointment. We may contact you via mail, email, and/or telephone at the numbers/email address you have provided to ensure you are aware that you are due for your regular preventive care.

If you have a dental emergency, please call the office right away and we will do everything possible to get you in at the earliest opportunity. If we are out of the office or it is after hours, we have an answering machine with instructions.

Please understand we try to keep your waiting time to a minimum and we know your time is valuable. Sometimes there are circumstances out of our control that dictate a waiting time longer than usual. When this happens we try to give our patients a courtesy call to let them know there may be an additional waiting time. Please make sure we have current contact information for you on file so that we may contact you when needed.

I have read and understand the Office Policies listed above and I had the opportunity to ask any questions. I agree to comply with the policies above. I certify to the best of my knowledge that all information I have provided is accurate and true.

Date: _____ Signature: _____ Relationship to Patient: _____