

Dear Valued Patient:

We would like to take the time to personally thank you for choosing our office as your dental care provider. We look forward to helping you in your journey toward improved health.

Please note the following changes that have been made in our office.

Office Hours

Monday	8:00 am - 6:00 pm
Tuesday	8:00 am - 4:00 pm
Wednesday	8:00 am - 4:00 pm
Thursday	8:00 am - 5:00 pm
*Friday	9:00 am - 3:00 pm
*Open one day per month – please call for availability	

Cancellation Fee

Please give us 24 hours notice if you need to cancel or reschedule all dental appointments. If you fail to do so you will be charged \$35.00 for the missed appointment.

Patient Information Health History

It is important that we keep all information current in order to contact you for appointments, special promotions, and provide you with quality care and service.

Insurance

Your insurance is a contract between you and your employer. It is not a guarantee of payment. It is based on an estimate. We file your insurance as a courtesy. If your insurance does not pay within 60 days, you will be responsible for the balance.

Please sign and date below that you have read and agree to comply with our office policies.

Patient Signature/Guardian

Date