

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Consent**

I have reviewed the information provided explaining how Stoney Creek Family Dental will use my personal information and the steps Stoney Creek Family Dental will take to protect my private information.

I know that Stoney Creek Family Dental has a privacy policy and I can request to review it at any time. I am aware that Stoney Creek Family Dental will not sell my private information to a third party.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am a patient of Stoney Creek Family Dental and authorize them to obtain insurance information and contact other health professionals if necessary on behalf of my family and myself. I also give permission for my dental insurance claims to be sent electronically if possible.

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Print Name Signature

**Appointment Policy**

Broken appointments (e.g. short notice cancellations or no shows) are a disappointment to everyone; It can interfere with treatment progress and creates scheduling issues for future treatment.

We strive to accommodate the needs of all of our patients by providing the best possible dentistry, treatment options, and service available. We accomplish this by scheduling each patient in an especially reserved time specifically for your treatment. When an appointment time is agreed upon we feel a commitment to the scheduled time and treatment has been made.

We request that **2 business days’** notice to change an appointment time. This allows us to manage and respect our doctors and hygienists time accordingly. We understand, in rare circumstances, that emergencies occur and these will be assessed individually.

Our goal is to communicate to you, our valued patients, and our policy regarding broken appointments in order to avoid this from occurring.

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Print Name Signature