

# Robert M.Daddio, D.D.S

## New Patient Practice Consent

**Directions: Please read the following and initial on every line stating you understand our office policies.**

\_\_\_\_\_ 1. I understand that I will notify the staff if my contact information or dental insurance has changed prior to the beginning of any appointment.

\_\_\_\_\_ 2. I understand that I will be given a full comprehensive dental treatment plan in writing whenever any treatment is recommended by the doctor. If treatment is extensive, the comprehensive treatment plan might be divided and given to the patient in two parts. The first part will be Phase 1 therapy to increase the patient's health (i.e. remove disease). The second part will be Phase 2 to restore function (i.e. implants, bridges, crowns, partial dentures...). The estimated cost(s) within the dental treatment plan will be valid for three (3) months. All estimated cost(s) of all personalized dental treatment will be fully discussed before personalized dental treatment begins.

\_\_\_\_\_ 3. I understand that if I schedule or confirm an appointment with the dental hygienist or doctor and do not show up for the appointment, this will be considered a broken appointment, and there will be a charge of \$50.00 applied to your account.

\_\_\_\_\_ 4. I understand that if I show up later than fifteen (15) minutes for a confirmed appointment this may be considered a broken appointment. The determination of a broken appointment is at the discretion of the doctor/hygienist and a cancellation fee may apply.

\_\_\_\_\_ 5. I understand that if a third broken appointment occurs within one year's time the patient will be dismissed from the practice. After the third broken appointment the patient will have the option to schedule for emergency treatment only over the next thirty (30) days, while the patient finds a new dentist.

\_\_\_\_\_ 6. All personalized dental treatment is guaranteed for one (1) year from any procedural and/or material(s) failure(s) or defect(s). If a patient only desires to complete portion(s) of the doctor's recommended dental treatment the guarantee will be null and void as the recommended dental treatment is inclusive for all treatment to function together properly as an entire unit.

\_\_\_\_\_ 7. If a dental prosthetic (crown, onlay/inlay, fixed bridge, night guard, denture and/or partial denture) is a part of the dental treatment plan, then all post-operative adjustments will be done free of charge for the first thirty (30) days after delivery. If the patient does not return for a requested adjustment within thirty (30) days, then a fee of \$45 will apply.

Patient's Name: (Please print) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_