

Patient Agreement Form

We know that as a patient, you have a large array of choices when it comes to picking the right dental practice for you. We appreciate you choosing us as your dental care provider. As a patient, you should expect nothing but the best from your dental office in terms of dental care, a welcoming and friendly atmosphere, and a respectful dental team. We strive to create your ideal office and hope to foster a relationship of mutual respect between patient and provider.

As a patient in our office, we will provide you with:

- A patient comfort menu
- A soothing atmosphere
- Billing insurance for you
- Financial arrangements
- Highest level in patient care
- State of the art technology
- Digital X-rays (less radiation)
- A gentle and caring team
- Comfortable care for high fear patients
- General, cosmetic, preventative, implant, and Invisalign Dentistry
- Advanced laser treatment for gum and bone loss
- Teeth whitening procedures

As a patient of our office we would appreciate the following:

- Prompt payment for your treatment at time of service
- At least 48 business hour notification of appointment cancellation
- On time arrival for your appointments
- Informing us of changes to health, address, insurance, etc.
- Respect and courtesy to our staff and Doctor

Patient Name: _____

Patient Signature: _____

Date: _____