

**Clemson SC Dental Associates**

**Dental Office Guidelines**

We care about your smile and your health, and want our relationship with you to be positive. The information below explains how we can work together to accomplish this goal.

**DENTIST/STAFF**

1. Our office will make every effort to stay on schedule. Sometimes emergencies occur which require the dentist to interrupt his/her schedule. When this happens, our staff will keep you informed and assist you in any way possible. Please understand that there may be times when YOU have an emergency that will result in another patient having to wait.
2. We will explain the results of your dental examination and the available treatment options, if treatment is necessary.
3. As a reminder, we will make every effort to contact you prior to scheduled appointments. Please make sure we have a correct mailing address and telephone number on file.

**PATIENT/PARENT/GUARDIAN**

1. Your dental health depends on you by keeping your scheduled appointments and also helps us to serve you better. If you must cancel an appointment, please notify us at least 48 hours before your appointment to avoid a \$25 cancellation fee. IF TWO APPOINTMENTS ARE MISSED WITHOUT PROPER NOTIFICATION, YOU WILL BE REQUIRED TO PREPAY FOR YOUR APPOINTMENTS. IF THREE APPOINTMENTS ARE MISSED WITHOUT PROPER NOTIFICATION, YOU WILL BE DISMISSED AS A PATIENT.

\*Failed prepaid appointments will be nonrefundable.

2. Please remember to bring any proof of dental benefits/insurance you may have.
3. One adult may accompany children who have an appointment.
4. Children under the age of 18 must come to their appointments with an adult.

As Agreed By:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Relationship to Patient \_\_\_\_\_