BLACK HILLS Pediatric DENTISTRY

Where Bright Smiles Begin

CONSENT STATEMENTS

PATIENT'S NAME _____

The following consent statement refers to documents containing information regarding specific principles of Black Hills Pediatric Dentistry. Please sign this statement only after carefully reading such information. This informative document should be retained for future reference.

BLACK HILLS PEDIATRIC DENTISTRY CANCELLATION PROCEDURE

We are committed to the success of your child's dental treatment and want to provide you with the best service available. We are a practice specializing in the treatment of young children and there are a limited number of appointments available to provide care. There are far more children needing this care than we have space for. If you do not keep an appointment or cancel within 48 hours, this causes multiple problems. It delays the treatment to be provided to your child and increases the chances that your child's dental treatment needs will become more severe and require more extensive treatment. It also deprives another child who requires similar care from receiving their care and causes them to suffer with toothaches and other dental problems. It is extremely important that if you cannot make the appointment for your child's treatment needs, that you notify our office immediately that you will not be coming for the appointment.

*I have read the form entitled, "**Cancellation Procedure**" and understand its contents. Therefore, I take full responsibility for the cancellation of any needed appointments and am aware that without 48-hour prior notification or a valid reason, a $50 deposit for Recares and a $150 deposit for Treatment will be incurred as a **deposit to reschedule.** This deposit will be refundable to me if I keep the new appointment and any subsequent appointments necessary for my child's dental treatment. If I no-show for any further appointments, then the deposit becomes non-refundable and stays with Black Hills Pediatric Dentistry.*

Parent or Legal Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

I attest that the following documents were provided to the parent or legal guardian of the child noted above. All questions have been answered and I have witnessed the signing of these consent statements.

Witness Signature _____ *Date* _____

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