

**Alvin Family Dental and Orthodontics**

**112 W. House Street, Alvin Tx. 77511**

**281-968-7048**

**Office Policy Form**

**No Show/Missed Appointments:**

When our office books appointments, we are setting aside a dedicated chair and time slot just for you. We only ask that if you must reschedule your appointment that you, please provide us with at least 24 hours' notice. Families of 2 or more, you should give a 48-hour notice. If not, this will cause the family members to have to make multiple appointments for any appointments. This courtesy makes it possible to give your reserved time slot to another patient who would be more than happy to accept. *Repeated cancellations or missed appointments will result in loss of future appointment privileges.* Every patient in our practice receives this unique reservation. When your appointment is made, a time is reserved, your materials are ordered, and we make special arrangements to be ready for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you. \_\_\_\_ Initial Acknowledgement

**Proper Conduct/Behavior:**

We honor the golden rule in our office. We ask that you offer us the same respect that we will offer you. Please bring your concerns to the office manager directly for proper counseling. If an issue persists, we may have to review our patient/employee relationship. *If you raise your voice, disrespect, or scream at any staff member; you will automatically be dismissed.* \_\_\_\_ Initial Acknowledgement

**No Photography/Filming**

Under Federal Law, patients and/or family members are prohibited from taking photos or film while in our office. You must express and be given permission by the office manager if you feel the need to record information given. When directed with vital post operative instructions, you will receive these in writing to take home. *If you choose to disregard this rule, you may be asked to leave the premises.* \_\_\_\_ Initial Ack.

**Appointment Attendees**

We request only one adult family member is allowed in the operatory during the visit. Children, that are not the patient, are required to stay in the waiting room or vehicle. This is for the safety of you and your family members. If you find this an issue, please speak directly to the office manager. \_\_\_\_ Initial Acknowledgement

**Treatment Plans/Co-Pays**

After completing examination, the front office will review your treatment plan and expected copays. We will prepare you based on the information provided by your insurance. Copays will be collected at the start of any treatment appointment. \_\_\_\_ Initial Acknowledgement

We appreciate you for trusting us with your dental needs.

Thank you, for your understanding and cooperation.

Alvin Family Dental

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date