



## WELCOME TO OUR OFFICE

Thank you for your expression of confidence in us by using Little Smiles to provide your child's oral health care. We sincerely appreciate the opportunity to be of service to you. Listed below is important information about our office and some of our policies.

- \_\_\_\_\_1. All patients are expected to keep their scheduled dental appointments. Any cancellation of an appointment must be made 24 hours prior to the appointment time. Additional appointments cannot be offered after a combination of two failed and/or cancelled appointments with less than 24 hours notice in a consecutive 12 month period. Failure to keep scheduled appointments not only delays the care necessary for your child, but the reserved time goes unused for others also needing appointments. A \$25.00 cancellation/failure fee will be applied to your account if less than 24 hours notice is given.
  
- \_\_\_\_\_2. Eating, drinking, or smoking is prohibited in our reception area.
  
- \_\_\_\_\_3. Parents/Guardians are allowed in the treatment room for initial exams and recalls only. Please remain available in the reception area during your child's appointment until all treatment is completed and your child has been released.
  
- \_\_\_\_\_4. All patients must be accompanied by a parent/guardian or the person(s) authorized on the Parental Substitute Consent Form.

We want you to know that your child is important to us, and that providing the best possible care is our number one goal. Thank you for your support of our policies.

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_