



Date: _____

Patient Consent

I have reviewed the information that explains how Future Dental will use my personal information, and the steps that Future Dental is taking to protect my private information. I know that Future Dental has a privacy policy and I can ask to see the privacy policy at any time. I am aware that Future Dental will not sell my private information to a third party.

I, _____ am a patient of Future Dental and authorize them to obtain insurance information and contact other health professionals if necessary, on behalf of my family and myself. I also give permission for my dental insurance claims to be sent electronically if possible.

Broken Appointment Policy

Broken dental appointments are a disappointment to everyone; it interferes with treatment progress and creates scheduling problems for future treatment.

We strive to accommodate the needs of all our patients by providing the best possible dentistry, treatment options and services available. We accomplish this by scheduling each patient with a reserved time for their treatment. When an appointment time is agreed upon, we feel a commitment to the scheduled time and treatment has been made.

We require 48 hrs notice to change an appointment. When 48 hrs are not given, a fee of \$75 will be charged to your account. We understand, in rare circumstances, that emergencies occur, and these will be assessed individually.

Print Name: _____ Signature: _____