No Sugar Bugs Club Children's Dentistry

Agreement/Consent

Thank you for choosing No Sugar Bugs Club!

We would like you to take a moment to read over the following agreements.

1. If you arrive 15 minutes late, we will do our best to fit you into the schedule, but we may have to reschedule your appointment. **More than two (2) late or missed appointments in a 12 month period may be grounds for dismissal from our practice.**
2. Per the doctor's discretion, **one** adult may be allowed back in the operatory with the patient for cleaning appointments, but only as a *"silent" observer*. *Please See "Silent Observer Agreement"*
3. **Food and drinks are NOT permitted in the clinic or reception area.**
4. The parent/guardian must cancel appointments no less than 24 hours prior to the appointment or it will be considered a broken appointment. If there are more than **2** broken appointments within a year the child will be discharged from No Sugar Bugs Club with no exceptions.

   ***Broken appointments without 24 hours notice may be assessed a $60 fee.**

   ***No Call / No Show for an initial (1st) appointment will NOT be rescheduled.**
5. **Please remember that insurance is a contract between you and your insurance company. We are not a part of that contract. We cannot guarantee coverage on certain services or change the amount that your insurance will pay. We can only help estimate what portion your insurance will pay. Also, we cannot be held responsible for any errors made in the filing of your claims; we file your claims as a courtesy to you.**
6. A late charge of 7% will be added to unpaid balances 90 days past due. If necessary, financial arrangements must be made prior to the time of dental service.
7. Patients referred to our practice must complete a comprehensive examination with the doctor before services can be rendered. Updated radiographs are required to provide an accurate and comprehensive assessment of your child's oral health.
8. For dental emergencies after hours and on the weekends you should call our office at 727-478-3210 for the number of the pediatric dentist on call.
9. We strive to keep a pleasant environment for our patient and staff. Any disruptive parents will be dismissed from our practice.

I, the undersigned parent/legal guardian, hereby give consent for No Sugar Bugs Club Children's Dentistry clinical staff to examine this child, clean his/her teeth, perform all necessary dental treatment, administer local anesthetics, administer medications, apply topical fluoride, take diagnostic radiographs (X-rays), take clinical photographs, obtain study models and other records necessary for an accurate diagnosis for my child. I understand the agreements listed above and I recognize that dental treatment for children involves behavior guidance, which may include the use of praise, explanations and demonstration of procedures and instruments, variable voice tone, mouth props, nitrous oxide (laughing gas) or protective stabilization when necessary to promote cooperative behavior and a positive experience and to protect my child from potential injury.

Printed Name: _____

Signature:_____