

# Smiles on 146<sup>th</sup> St.

Malcolm C. George, DDS

Welcome to "Smiles on 146<sup>th</sup> St." First, we would like a little information about you.

**Please circle how you feel about the appearance of your smile.**

I like it very much

I like it

It's okay

I would like to change it

**Please explain what would you like to change about your smile?**

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Are you interested in any of the following treatments?

Whitening  Tooth Colored Fillings  Veneers  Implants Other \_\_\_\_\_

**What did you like or dislike about your previous dental provider?**

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**How did you hear about our office?**

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As a courtesy, we confirm appointments, via phone, text message, and or e-mail. Which form best suits your lifestyle?

\_\_\_\_\_ If e-mail is your choice, we need your e-mail address: \_\_\_\_\_

## **Office Policies**

It is very important to us to respect your valuable time. Showing up for your scheduled appointment on time is expected and appreciated. Any cancellation of an appointment must be made 24 hours prior to the appointment time. Failed and or late cancelled appointments will result in a missed appointment fee of \$35. Most of our patients will be unaffected by this policy and we appreciate your understanding in this matter.

Due to the sensitivity of our equipment the use of cellular phones and pagers are prohibited.

For the safety of our patients and staff members a play area is provided in the reception area for children accompanying patients. All children must be supervised by an adult.

## **HIPAA**

For your convenience copies of our HIPAA privacy policy are available upon request. Our policy is on display in the reception area for your review.

## **Insurance and Account Balances**

We will be happy to file insurance for our patients. However, your insurance benefits are your responsibility and you are ultimately responsible for your account balance. Any estimations provided are based upon information given to us by your insurance company and are not a guarantee of payment. Any account balances that remain unpaid will be sent to a third party collection agency and any and all fees will be charged to the account.

Although payment is expected at the time of service we understand sometimes offering payment options can be helpful. We have several plans that will offer you payment choices. Ask about our courtesy discounts and financing plans.

## **Consent for Treatment**

The undersigned hereby authorizes Dr. Malcolm C. George and or designated staff members to take necessary radiographs, study models, photographs, or any other diagnostic aids required to make a thorough diagnosis of existing conditions. I further authorize Dr. Malcolm C. George or designated staff members to perform any and all forms of treatment, including administering of medications and delivery of therapy that may be indicated. I understand that the use of any anesthetic agents involve certain risks that will be discussed prior to treatment.

Patient Signature (or Parent of Child) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_