

## Our Commitments and Requests

If you decide to make our office your dental home, then we feel it is important for us to agree on the conditions of that relationship. These are our commitments to you, and our requests of you.

### *Here is what you can expect from us:*

1. You can expect us to take the time to do complete work – get to know your individual needs, wants, and health conditions. We will treat you as an individual. You are not just another warm body with teeth to fix. You can expect us to help develop a Master Plan for your dental health that is appropriate for your health conditions, and meets your goals.
2. You can expect us to be respectful of your time - by being as on time as humanly possible. Nobody likes to be kept waiting. If we must change your appointment (typically when Dr. Chapman is called to attend a continuing education course) you can expect us to give you at least several weeks advance notice. The only exception to us not providing you with ample notice would be an emergency that would prevent Dr. Chapman from treating her patients, which is exceptionally rare. We give our word and we keep it.
3. You can expect us to discuss financial issues with you - before we perform substantial amounts of dentistry you will receive a written estimate. We will not spend your money or dental benefits without your consent, whenever that is possible. We do our absolute best to maintain your trust.
4. You can expect us to give you our complete attention - while we are helping you with your dental health, you are our focus. You can expect us to keep non-critical telephone and other non-dental interruptions to an absolute minimum.

### *Here is what we expect from you:*

1. We expect that if we agree together on a Master Plan to help you with your dental health, you will commit to moving through that plan at whatever pace you are able.
2. If you change or shorten appointments at the last minute, or miss appointments without letting us know at least 72 hours (3 of our business days in advance, our business days are Mondays through Thursdays), you are expected to pay the cancellation fees incurred. This is \$75 per hour of scheduled appointment time.
3. We expect that you will honor the financial arrangements you make with our practice.
4. We expect you to give us your complete attention while we are helping you with your dental health. We expect that you will turn off your cell phone/pager when you are in our treatment areas, not arrive late, and not leave early. Waiting for patients to stop texting or talking on their devices slows down appointments, is not courteous to other patients, and puts us behind for others waiting for their scheduled treatment.

Signed \_\_\_\_\_ (Patient) Date \_\_\_\_\_