



**PEDIATRIC
DENTAL CARE**
OF RHODE ISLAND

Appointment Policy Form (updated 10/01/2019)

As a family focused office, we understand some appointment cancellations may be unavoidable. Unfortunately, repeated cancellations and no-show appointments result in loss of opportunity for other patients that may need to be treated. Our schedule is designed to create appropriate staffing and enough time for your high-quality care. When a patient arrives late, we are unable to provide essential care in a shorter amount of time. We have updated our policies to clarify our needs as dental providers, so we may provide the best quality care for you and your family. Please initial each statement and sign the bottom of this form. Feel free to inquire about any questions and concerns.

Names of ALL children treated at our office _____

_____ **I understand that arriving 5 minutes early to my scheduled appointment time may be necessary to fill out medical updates and other necessary forms for my child's care.**

_____ **I understand in the event I am late for my appointment, anything 10 minutes or more may need to be rescheduled. (We will try our best to accommodate if we have a cancellation.)**

_____ **I understand if my child has a contagious illness (with coughing, sneezing, or active cold sores) that I will try to give 24 hours for cancellation. (We understand this is not always possible and for safety reasons, we cannot treat contagious patients)**

_____ **I understand all confirmation calls are a courtesy, and all appointments are the responsibility of the parent/guardian responsible for the minor patient. Appointments should be recorded in a calendar, and appointment cards are available.**

_____ **I understand that my 1st appointment missed without calling our office, I will receive a formal letter of the incident. Upon the second consecutive missed appointment without calling, a letter of dismissal will be sent.**

_____ **I understand that 3 non-consecutive missed appointments without notice or a phone call to our front desk at (401) 825-6062 will result in dismissal.**

We are happy to provide you with a copy of our updated policies upon request. Thank you for taking the time to review this form.

Signature of parent/guardian: _____ Date: _____

Please print name: _____