



Date: _____

Patient Consent

I have reviewed the information provided explaining how Laird Eglinton Dental will use my personal information and the steps Laird Eglinton Dental will take to protect my private information.

I know that Laird Eglinton Dental has a privacy policy and I can request to review it at any time. I am aware that Laird Eglinton Dental will not sell my private information to a third party.

Laird Eglinton dental will obtain insurance information; however it is the patients responsibility to know their insurance benefits and coverage.

I _____ am a patient of Laird Eglinton 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.

Print Name

Signature

Appointment Policy

Broken appointments (e.g. short notice cancellations or no shows) are a disappointment to everyone; it can interfere with treatment progress and creates scheduling issues for future treatment.

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

We request that **2 business days'** notice to change an appointment time. This allows us to manage and respect our doctors and hygienists time accordingly. We understand, in rare circumstances, that emergencies occur and these will be assessed individually.

Our goal is to communicate to you, our valued patients, and our policy regarding broken appointments to avoid this from occurring.

Print Name

Signature