

PRACTICE PATIENT AGREEMENT

Welcome to Treehouse Dental Care, where we have been treating children for over 40 years! We are excited to have your family join our dental practice.

At Treehouse Dental Care, we strive to provide you with the best dental care possible and we respect your time and always aim to see you as scheduled. This can only be accomplished if our patients show up on time for their appointments.

Often appointment times are 30 minutes in length and showing up even 10 minutes late can really impact our ability to complete your child's treatment and be on time for our other patients while still providing the quality of service that we strive to achieve. Children are unpredictable and often need some extra time to show and explain what we will be doing on any given appointment.

In an effort to have a seamless appointment, please adhere to the following:

- Please have your child go to the washroom before the appointment
- Please show up for your appointments on time
- Please give us a minimum of 48 hours' notice for cancelling or changing appointments. Please note cancellations cannot be left on voicemail but need to be made directly to one of our receptionists.

We ask that all of our patients respect the above-mentioned guidelines in order to ensure we can continue to uphold the quality and standards of practice that allow our Dentists and Hygienists to provide the best care possible to our patients.

As such in order to ensure our practice guidelines are respected, we will be charging the following to patients failing to provide sufficient cancellation notice:

- Failure to show up on time to one appointment or not provide sufficient time for a cancellation will result in a \$50 fee for the first time.
- An additional \$100 for the second time offense and,
- Unfortunately, in case of a third offence, we will not be able to continue to see your child in our office.

We never want to charge our patients for no shows or late cancellations and feel that these can easily be avoided with proper planning.

We thank you in advance for supporting our practice standards and welcome you to our Dental Family.

Treehouse Dental Care Team	
Patient Signature	Witness Signature
 Date	