| | APPOINTMENT PREFERENCE INFORMATION |
|---|---|
| | Appointment Preference? () Morning () Afternoon |
| | What days to you prefer? () Monday () Tuesday () Wednesday () Thursday () Friday |
| | Would you like us to call you if any sooner opening becomes available before your next scheduled appointment () Yes () No |
| | Can we call you on short notice regarding an opening? () Yes () No |
| | Which is the best number to reach you at? () Home () Cell () Work () Other |
| | I give consent to Town Center Dental Office to use my cell phone number to call or text regarding appointment and to call regarding treatment, insurance, and my account. I understand that I can withdraw my consent at a time in writingInitial |
| | I give consent to Town Center Dental Office to send me email communications regarding treatment, insurance and my account. I understand that I can withdraw my consent at any time in writingInitial |
| | My email address is |
| | MESSAGES |
| 5 | If unable to reach me Town Center Dental Office may: |
| | () leave a detail message () leave a message asking me to return your call |
| | () other |
| | APPOINTMENT POLICY |
| | We will try to contact you twice to confirm your next appointment. If we leave you a message, we <u>REQUIR</u> |
| | that you please return our call/text to confirm/reschedule. If you do need cancel/reschedule our policy requires 24 hours notice. If we do not receive a 24 hour notice your account will be charged \$65. |
| | We strive to keep our patients' "wait time" to a minimum, as we recognize that your time is valuable. Therefore |
| | we are able to see our patients on an appointment basis. We consider an appointment made to be an agreem |
| | and commitment between our office and our patients, and we rely on our fine patients to abide by that |
| | agreement. Since we work on a schedule we need you to be on time to your appointments. If you are more the |
| | 15 minutes late we might have to reschedule your appointment. |
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