

Ed Dye Family Dentistry P.C.
OFFICE POLICIES

CONSENT & AUTHORIZATION:

I authorize dental treatment and agree to pay all related professional fees. Fees not covered by my dental insurance will be promptly paid upon notification from this office. I have read and understood this document in its entirety, outlining office policies and financial policies of this office. Without reservations, I agree to abide by the policies outlined herein.

Form completed by:

Name _____ Signature _____

Relationship to patient _____ Date _____

Review by staff member _____ Date _____

I will make payment by cash, check, or a credit card at each appointment.

I would like information regarding a payment plan option.

As a courtesy to you we would like to know the best way to contact you regarding your upcoming appointments.

HOME#: _____ Best way to reach me

CELL#: _____ Best way to reach me
DO YOU PREFER TEXT MESSAGES? Y/N

WORK#: _____ Best way to reach me

EMAIL ADDRESS: _____ Best way to reach me

**Use the space below to note any special instructions.*

(Example: Leave a message at home, remind me the day of, email me, etc.)
