



401 SW 42 Ave. Suite 302 Miami FL 33134 Phone: 305.445.4646

Office Policies

Our goal is to provide high quality care to our patients and respect their schedule as well. In fairness to other patients, and the office staff, we require advanced notice when changing or cancelling an appointment.

When you schedule an appointment, we reserve that time and prepare in anticipation of serving you. If you should need to reschedule, we kindly request that you contact us 48 hours before. We understand that conflicts arise; however failing your appointment or canceling without adequate notice more than once may result in a charge. (we understand that emergencies and illness can occur at which point the fee may or may not be waived, at our discretion.)

Some appointments require **deposits** in order to be scheduled. Please bear in mind that failure to attend to these appointments without **48 Hours** of notice, will result in a **loss of this deposit**, regardless of the amount.

Patients who continue to no-show and/or cancel without notice may be dismissed from the practice and asked to find another dentist.

Any patient who is late may be considered a “no show” for their appointment and may need to be rescheduled. In the event that we do need to reschedule your appointment, a fee will apply.

As with any dental treatment, there may be unforeseen treatment adjustments and/or complications. The clinic will make an effort to anticipate any changes in the treatment plan and advise me at that time. However, such events are unpredictable. Likewise, the timing or spacing of appointments may need to be modified as needed to accomplish the best result possible.

At Miami Dental Sedation we might use photograph images for educational or promotional purposes. The undersigned completely and forever releases any right to present or future compensation with compensation in the use of said photograph images.

I have read, understand and agree to the above office policies.

First Name

Last Name

Patient or Legal Guardian Signature

Relation to Patient

Date