

Ponte Vedra Pediatric Dentistry & Orthodontics

Office Policies

To enable us to establish the best possible relationship with our patient's parents and/or guardian and to avoid any misunderstanding in the future, we have established certain office policies. Please read these policies and sign below signifying you have read and understand the following.

Cancellation Policies

We require a 24-hour notice if you need to cancel an appointment. There is a \$50.00 broken appointment fee, which will be applied to your account if we do not receive adequate notice for cancellation. The fee must be paid in order to schedule your next appointment. Our purpose in establishing this policy is to make patient scheduling as convenient and easy as possible. If we are given proper notice of necessary cancellation, we will be better able to see patients that may desperately need treatment. By the same token, a 24-hour service will be made available for emergencies.

Treatment Policies

It is strongly encouraged for your child to receive treatment independently. If you do join your child during treatment, we ask that you act as a "silent partner" in treatment. Only one guardian will be permitted in the operatory. This policy allows for your child to focus on our instructions and explanations during treatment.

No additional children will be permitted in the operatory during treatment. If additional children are brought to the appointment, they must remain with a guardian in the waiting room at all times.

We ask that you please remain on the office premises during your child's treatment. If you need to step out of the office, please remain on the office premises and let a front office team member know.

Health Care Surrogate

It is important that your child is always accompanied by a legal guardian or a health care surrogate approved in writing by a legal guardian to make healthcare decisions. If you would like to designate a family member, friend, nanny, etc as a health care surrogate for your child, please fill out our "Designation of Health Care Surrogate for Minor" form for us to keep on file.

I hereby grant authority to all dentists, and their legally qualified auxiliaries to administer treatment as deemed necessary or advisable in the diagnosis and treatment of my child's dental care.

Name of Parent/Guardian: _____ Relationship to child: _____

Parent/Guardian Signature: _____ Date: _____