

## Cancellation/Missed Appointment Policy

Our goal is to provide quality dental care in a timely manner. To do so, we have had to implement an appointment/cancellation policy. This policy enables us to better utilize available appointments for our patients in need of medical care.

### **Cancellation of an Appointment:**

To be respectful of the needs of other patients, please be courteous and call (501) 222-9144 promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance and calling early in the day is appreciated. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely dental care.

### **How to Cancel Your Appointment:**

To cancel appointments, please call (501)222-9144. If you do not reach the receptionist, you may leave a detailed message on the voicemail. If you would like to reschedule your appointment, please be sure to leave us your phone number and let us know the best time to return your call.

### **Late Cancellations:**

Late cancellations will be considered a "no-show".

### **No-Show Policy**

A "no-show" is someone who misses an appointment without canceling it adequately. "No-shows" inconvenience those individuals who need access to care promptly. A failure to present at the time of a scheduled appointment will be recorded in the patient's chart as a "no-show".

A "no-show" will result in a fee of \$25.00 billed to the patient's account.

**Signature of Patient or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Patient Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Vilonia Family Dental Care to use the image(s) of \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of the above-listed person(s) for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those Vilonia Family Dental Care website, Facebook and Google Plus.

- Deny permission to use any image at all.
- Grant permission to use an image in the following ways (mark all that apply):
  - Limited usage: I approve the use of the image(s) within Joshua Hambuchen D. D. S setting only (not in the larger community).
  - Limited usage: I approve the use of the image(s) for educational materials only (not marketing). This could be either within Vilonia Family Dental Care or in the larger community. One example of this could be videos/images used for staff training.
  - Limited usage: I approve the use of the image(s) on printed materials only (no digital or video use).
  - Unrestricted usage: I give unrestricted permission for use of the image(s) to be used in print, video, and digital media. I agree that these image(s) may be used by Joshua Hambuchen D. D. S for a variety of purposes and that these images may be used without further notifying me.

Patient/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Telephone Verification

You agree, for us to service your account or to collect any amounts you may owe us, we may call you at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also communicate with you by sending text messages or e-mails to your wireless number or e-mail address. Methods of contact may include using a pre-recorded/artificial voice and/or the use of an automated dialing service. These authorizations shall remain in effect until individually withdrawn by you in writing to our facility and/or any others to which authorization has been extended. I have read this disclosure and agree that Vilonia Family Dental Care may contact me as described above.

Patient/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_