

**THE PHILOSOPHY AND PRINCIPLES
OF OUR PRACTICE**

We appreciate the interest and trust you have expressed in choosing our health care team to address your oral health issues. We provide dental care of the highest quality that begins with a careful examination and diagnosis, followed by the development of a master plan designed to move you towards the dental goals that we establish together. Our focus is an aesthetically pleasing, healthy mouth that provides long-term, predictable function. Our primary aim is to inform, educate and help facilitate your choices so that you can take responsibility for your dental future. Our pledge to you is accurately expressed in these carefully chosen words:

QUALITY SERVICE CARING RESPECT

In order to stand by our pledge to you and efficiently manage our practice we have adopted three important guiding principals. They are presented in writing here to express our deep commitment to you and to create a foundation based on mutual respect. We ask that you **read this page thoroughly, initial, sign it and return it to our office** to indicate that you understand and are in agreement with these principals.

COMMITMENT TO TREATMENT:

Together we will design a master plan of treatment after your complete consultation. We will present you with various options and proceed according to your desires and Dr. Basil's professional judgment. We believe all treatment initiated should be completed because incomplete treatment leads to loss of teeth and further disease. Some treatment plans by design can take years to complete. Your commitment, and ours, to both starting and completing treatment is of essence for an optimal outcome. Initials_____

COMMITMENT TO APPOINTMENTS:

We respect your busy schedule. Be assured that your scheduled appointment is a bond of trust that we will be here to serve you and attend to your needs at the time you have chosen. Ninety percent of the time we will see you within 10 minutes of your scheduled appointment. We ask that you also respect our time. We expect that you will be present for all scheduled appointments. If you must change or cancel an appointment, we require that you communicate directly with our staff and give two full working days notice, or a cancellation fee will be charged. Initials_____

COMMITMENT TO FINANCIAL AGREEMENT:

We are committed to running a financially responsible practice that benefits our patients through high quality, high value results facilitated by our ongoing investment in state of the art equipment and extensive continuing education for the doctor and all our staff. We will assist you in insurance and financial arrangements needed for care. However, you must recognize that is your responsibility to fulfill your financial commitment to our office promptly and completely. Initials_____

Your signature below indicates your understanding of and agreement to the above principles of treatment, appointment and financial agreement, and expresses your desire to join us in a mutually respectful, professional relationship based on these principles.

Patient Name – Please Print

Patient Signature

Date

Reviewed by

Date

PHILOSOPHY AND PRINCIPLES