

Appointments Policies:

Appointments: Office visits are by appointment only; please call the office at (503) 384 - 2799 or send us an email to woodstockdental@comcast.net. The receptionist may ask about the reason for your visit. This helps us schedule the doctor's time more efficiently. Please arrive 5 minutes early to your appointment and remember to bring all updated/new medications lists to each visit. Patients who are late for any appointment may be asked to reschedule at the physician's discretion.

Cancellations: We would like to thank you for being a patient in our office. We value all of our patients and strive to provide the best care possible in the most comfortable setting. Please understand that when we schedule your appointment, we are reserving time for your particular needs. We kindly ask that if you must change an appointment, give at least 24 hours notice. This courtesy makes it possible to give your reserved time to another patient who would need it. We know your time is valuable. When the appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit. Except in the case of emergency treatment for another patient, you can expect us to be running on schedule.

Failed Appointments (Non-Cancelled): We understand that occasional missed appointments can occur for a variety of reasons. When you miss an appointment without cancelling, someone else who could have been seen in your place is delayed services unnecessarily. We track missed appointments as well as cancellations made with short notice (not within 24 hours) and there may be a charge for a missed or non-cancelled appointment. Insurance will not cover charges for no show/late cancellations and this fee is in addition to any services you may have incurred. Repeated missed appointments may result in discharging from our practice. We will offer 30 days of emergency care only and transfer your records when you find a new physician.

____ I understand and agree that I have received office cancellation policies. That I will be liable for all/any charges that may occur if appointments are not given the necessary notice of cancellation/no-shows.

Patient Signature

Date