Petaluma Dental Group

Patient Acknowledgements

Payment (please initial at acknowledge reading):

_____________ Payment is due at the time of services rendered. Financial agreements are discussed and must be made prior to scheduled appointment, with a financial agreement completed in advance of performing any treatment within our practice.

We accept the following forms of payment, please check your preferences:

Cash ☐ **Check ☐** **Credit Card ☐** **Money Orders ☐** **Care Card ☐**

___________ We are happy to offer a 5% discount for services over $300.00 when paid in full of cash or check at the time of scheduling appointment.

Scheduling of Appointments (please initial at acknowledge reading)

_____________ For each appointment, we reserve time in the doctor's or hygienist's schedule specifically for you. By valuing time, we are to maintain the utmost service and care for our patients. A $50 per each 30 minutes missed, or a late cancellation fee may be added if appointment changes are not made prior to two business days before the scheduled appointment.

Authorizations (please initial at acknowledge reading)

_____________ I understand that the inofrmatrion I have given today is correct to the best of my knowledge. I authorize this dental team to perform any necessary dental services that I may need and have consented to during diagnosis and treatment.

_____________ I hereby acknowledge that a copy of this office's **Notice of Privacy Practices** has been made available to me. I have been given the opportunity to ask any questions I may have regarding this notice.

_____________ I hereby acknowledge that a copy of this practice's **Dental Materials Fact Sheets** has been made available to me. I have been given the opportunity to ask any questions I may have regarding this Fact Sheet.

Signature of patient, parent, or guardian (responsible party):

Signed: ________________________________ Print Name: ________________________________ Date:________

Relationship to Patient:

Self ☐ Parent ☐ Legal Guardian ☐