

APPOINTMENT POLICY

**CARL DANN IV, D.D.S., M.S.**

SPECIALISTS IN ORTHODONTICS

Patient's Name: \_\_\_\_\_

I, \_\_\_\_\_ agree to the following policy:  
(patient, parent, guardian)

In order to insure quality orthodontic care, it is imperative that our parents and patients understand the manner in which we schedule our appointments.

We value your time and make every effort to stay on schedule. PLEASE HELP US BY ARRIVING FIVE MINUTES PRIOR TO YOUR SCHEDULED APPOINTMENT.

We reserve before and after work and school appointments for appliance checks and progress checkups since we can accommodate many patients for these short appointments. Thus, our afternoon appointments are booked very heavily to cause as few patients as possible to miss work or school. LONGER APPOINTMENTS AND REPAIR APPOINTMENTS ARE SCHEDULED DURING WORK OR SCHOOL HOURS. If the patient is a student, these appointments are easy to arrange during study period, lunch time or recess. For most schools, students are allowed ten excused and ten unexcused absences each year, so be certain to turn in the school excuse we provide.

In order to be fair to all patients, we try very hard to alternate during school and after school appointments during school months, which results in students having to miss school four or five times a year. We are happy to work around certain classes that are important to you or one in which your child may be having problems.

All failed appointments or those not cancelled 48 hours prior to the appointment must be rescheduled as soon as the office schedule allows. We are always moving teeth as efficiently as possible, and these force systems need to be monitored regularly. Since our "after school" appointments are usually booked four - six weeks in advance, it will probably be necessary to reschedule the missed appointment during school.

In the case of emergencies such as pain, swelling or bleeding, we want to see you as soon as possible. In the case of trauma to the face or mouth due to an accident, you may be referred to another specialist for treatment.

Thank you very much for your understanding.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)