



4001 Fair Ridge Drive, Suite 205, Fairfax, VA 22033
Phone: 703-273-2545 Fax: 703-273-1116

Office Policy

REQUESTS FOR RECORDS

All patient records are the legal property of the doctor; however, we will gladly provide you with copies of your x-rays. In accordance with your dental plan and state guideline, there may be a processing fee of \$35 to \$60. Treatment records are computerized and we will gladly provide you with a complete listing of services performed upon request.

TEATMENT OF MINORS (Under 18 years of Age)

All patients under the age of 18 must be accompanied by an adult who must remain in the office during the duration of the treatment. Children who are "dropped off" for treatment by a parent or guardian will not seen. Please note that legally we are not able to make any exceptions to this policy. You may not leave your child/children unattended while you are receiving treatment.

FOOD AND DRINKS

For health reasons, no food or drinks are permitted in the reception room, Children's area or the patient treatment rooms.

RECOMMENDED TREATMENT MAINTENANCE

Although, the office may assist you with reminder letters or telephone calls, it is your responsibility to complete the treatment plan and to follow the recommended treatment maintenance program.

Once a new crown, bridge, denture or partial has been started it is the patients' responsibility to return with the recommended time for treatment completion. If you require that the crown, bridge, denture or partial be remade because of your failure to return to the office for treatment, you will be responsible for all previous charges and all additional charges involved in the remaking

PREPARTION FOR YOUR APPOINTMENT WITH ANTIBOTICS

If it has been determined that you require pre-medication for you're appointment with an antibiotic because of a heart murmur, heart valve replacement, joint replacement, dialysis or other medical condition, please make certain to take our medication as required to avoid rescheduling of your appointment and delays in your treatment.

AFTER HOUR EMERGENCIES

A recording is provided when you call the office after business hours. The message will detail how to reach the doctor on call.

The above information is intended to provide clarification and prevent future misunderstanding. I have read the above and understand the office policies of this office and agree to pay the fees established by this office or by my dental benefit plan.

Printed Name

Date

Patient/ Guardian Signature