

Office Policies

- **Receipt of Dental Materials Fact Sheet**

I, _____, acknowledge I have received from Virginia H. Ellis DDS, a copy of the Dental Material Fact Sheet.

- **Cell Phone Consent**

I consent to the dental practice using my cell phone number to (circle one or both) **Call or Text** regarding appointments, treatment, insurance and my account. I understand that I can withdraw my consent at any time.

Patient Cell Phone Number: _____

- **Consent for Treatment**

I hereby authorize the doctor and/or designated staff to take X-rays, study models, photographs, and other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of the dental needs of the above-named patient. Upon such diagnosis, I authorize the doctor or designated staff to perform all recommended treatment mutually agreed upon by us and to employ such assistance as required to provide proper care. I agree to the use of anesthetics, sedatives, and other medications as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications. I have read, understood, and agree to the above treatment policy. *Initial:*_____

- **Financial Policies**

Cost of Treatment

You will be provided with a comprehensive treatment plan after assessing your overall oral health. We'll provide a clear, detailed estimate on the cost of your treatment plan in writing.

Payment Policy

Payment in full is due at time treatment is provided. All major credit cards accepted. A 5% pre-payment courtesy is given when paying with cash or check up-front, in-full for treatment. We also offer third-party financing through Care Credit.

Refund Policy

Patient will be notified of any credit on account and will be refunded via original form of payment. Cash payments will be refunded by check.

- **Cancellation Policy**

Please give our office at least 48 hours notice to cancel/change any appointments.

Patient/Guardian Signature: _____ **Date:** _____