

## **Offices of Heather Bond Southard, DDS**

### **OFFICE POLICY**

We are delighted to welcome you to our practice and are pleased that you chose us to serve your needs. We are serious about providing superior care at reasonable prices and proud of our dedication to our patients. Our goal is to help you feel and look your best through excellent care. We look forward to seeing you on a regular basis.

If you are ever unable to make an appointment you have scheduled with us, please notify us at least 24 hours in advance, as this time has been set aside ESPECIALLY FOR YOU. Failure to keep your scheduled appointment more than once may lead to a \$50.00 fee or removing you from our practice. Also we ask you to be at our office at the appointed time, as we are on schedule almost 100% of the time. In the meantime, we look forward to seeing you again and serving your needs.

### **FINANCES**

I understand that I am financially responsible for the services rendered to me by this office. I understand that any accounts that are over 90 days past due may be turned over to collections. I understand that if any accounts are turned over accounts have to be paid in full before any other appointments will be scheduled. I also agree to pay a service charge for any returned checks.

### **PHOTO, SLIDE, AND VIDEO CONSENT**

I do hereby authorize the Offices of Heather Bond Southard, DDS to take photographs, slides and/or videos of my face, jaw, and the hard and soft tissues in my mouth. I understand that these photographs, slides, and/or videos will be a part of my permanent dental records. I also understand that these photographs, slides, and/or videos may be used for educational purposes in lectures, demonstrations and professional publications and I hereby authorize said use.

### **GUARANTEE**

In the unlikely event that a prosthetic was to fail, it will be replaced at no charge for up to five years from the day the procedure was completed. The guarantee will be reduced or withdrawn; in the case of missing routine hygiene visits, in the case of neglected oral hygiene, in the case of not following the directions of the doctor, in the case of natural degradation of the teeth, gum tissue or jaw-bone, in the case of existence of general illness or conditions which has a detrimental effect on the masticators.

I understand that by failing to come in for my hygiene visits, twice a year with an exam and x-rays, I am therefore considering the guarantee stated above to be null and void.

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Signature of patient/parent or guardian

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Date