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PRE-TREATMENT CHECK LIST

- **YOU'LL NOTICE OUR OFFICE IS DIFFERENT** - please don't be surprised to discover that our fees are higher than those of your average office. We could not offer the level of technology and service that we do. While our service fees may not be the lowest, they do reflect the care, level of education, and service we provide, and the overall time we devote to each patient.
- **YOU HAVE THE RIGHT TO ASK ABOUT THE TYPE OF TREATMENT YOU ARE RECEIVING, EXPECTED COSTS, AND ALL TREATMENT OPTIONS (INFORMED CONSENT).**
It is imperative that you ask at the time of scheduling, or anytime prior to being treated. The Doctor and staff do their best to explain what your needs are, and how best to treat them. Dr. Shandrick, persons on his staff, or other instructional materials, will inform of any suitable treatment alternatives, including doing no treatment at all, any risks and relative costs. If you arrive for treatment and have any questions, or were not fully informed of any of these concerns, please let us know before any treatment is performed, and we will cheerfully attempt to answer any of your questions.
- **YOU HAVE A RIGHT TO SEE THE DOCTOR EACH VISIT IF YOU WISH.**
The office dental auxiliary performs certain aspects of dental treatment, while the Doctor is present in the office. If at any visit, you wish to see the Doctor, please inform us and he will gladly make the time to address your concerns.
- **WHITE RESTORATIONS (Fillings)**
With the advent of the new remarkable tooth colored restorative materials (fillings) available, and the vast number of advantages, and therapeutic benefits over traditional silver fillings, this office **virtually always uses white restorative materials on both front and back teeth**. Insurance coverage and philosophies vary on reimbursement of these services. We require that the patients concerned with costs, coverage, co-payments inquire prior to treatment. If you wish to use an alternative materials, inform us prior to scheduling treatment.
- **POST OPERATIVE NEEDS**
No two patients are exactly alike. We all have different genetic make-ups, diverse healing capabilities, unique dental and anatomical differences. Teeth are living tissue, and anytime the dentist touches the tooth with the handpiece, there is some possibility of pulpal trauma, which in some cases may necessitate further treatment. Dentistry is not an exact science, and our treatments, while utilizing the most up-to-date techniques and materials, **may result in unforeseen, unpredictable, post operative conditions, requiring additional care, additional procedures and possibly additional costs**, to return your oral conditions to a state of optimal health.
The Doctor and staff, with their diagnostic tools and treatment planning will always strive to make the outcome of dental therapy as predictable as possible.
- **CANCELLATIONS**
We understand that emergencies do arise. We ask that you provide us with **24 business hours** advance notice for any cancellations of any of your appointments in order to avoid the imposition of cancellation fees, which are determined by the length and type of service being rendered at the scheduled visit. Such cancellation fees are **non-refundable**.
- Understanding this, I hereby authorize Dr. Shandrick, other practitioners whom he recommends, or qualified auxiliaries to accomplish such treatment for me.
- I would like the office to recognize this understanding as long as I am an active patient.

Name of Patient _____

Signature (Responsible Party) **X** _____

Date _____