



THE BEACH HOUSE

PEDIATRIC
DENTISTRY & ORTHODONTICS

Welcome Letter

Patient Name: _____

We welcome you to our office and want to assure you that our team will do everything possible to make your child's first visit a happy dental experience. During the first visit, we generally perform a thorough oral examination, including x-rays, a dental cleaning and fluoride treatment. Photographs may be taken of your child or your child's teeth for diagnostic and educational purposes. We do not typically provide restorative treatment during the first visit. A thorough review of our findings will follow the examination.

In order to develop trust and the best possible relationship between your child and our dental staff, parents are asked to remain in one of the waiting areas during dental treatment, unless specifically invited by the doctor. Please be aware that your child may cry during the dental appointment. Crying is a normal reaction to something that is new or different. Please give your child the opportunity to build confidence and communication with his/her dentist. This will help to eliminate dental fears. It is important to encourage your child with positive thinking before and after the appointment. Please do not promise your child that they will not experience discomfort. Instead, let us inform your child how he/she might feel throughout the treatment.

In order to be able to offer you the best possible dental service, we request your complete cooperation with the following:

- Punctuality to your dental appointment.
- If you need to cancel your appointment, we require you to do so at least 48 hours in advance. Last minute cancellation and no-show appointments may be subject to a broken appointment fee.
- After two no-show appointments or two cancellations, we will be obligated to discontinue treatment.
- Fees for your services will be requested at the time of the appointment. Dental insurance is a contract between you, your employer and your insurance company. We will file the necessary forms for the services rendered with your dental insurance, but request you pay your deductible or estimated patient portion at the time the services are provided. If your insurance company does not pay the estimated portion, the balance is your responsibility.
- It is important that you follow proper home oral hygiene, diet and special instructions in order to obtain the best possible long-term results.

Consent:

I have read and understand the above information. I authorize The Beach House Pediatric Dentistry and Orthodontics to perform the above mentioned diagnostic and treatment procedures deemed necessary. If I have a change in my child's health or medication, I will inform my doctor at the next appointment. For insured patients, the signature below authorizes assignment of insurance benefits to the doctor and authorizes the release of dental records to the insurance company.

Signature (Patient, Parent or Guardian)

Date