



Practice Policies

We are committed to providing you with the best possible care. In order to achieve this, we need your assistance and understanding of the following policies

1. **Cancellations.** In the exceptional instance where an appointment must be canceled, we ask that you give us at least 24 hours notice so that we may use the space for someone else.
2. **No Show.** It is important for you to know that missing an appointment will not only slow treatment progress, but may alter it. We have adopted a policy that if a "no show" occurs more than twice, we reserve the right to discontinue treatment for your child. Our feelings are that not only has that parent not shown interest in their child's oral health, but they have taken that valuable time from another parent who shows genuine concern for their child's dental health.
3. **Emergency appointments.** Please call to alert us.
4. **Late.** If you are late for appointments (more than 10 minutes) we will attempt to treat your child but not at the expense of other patients who have arrived on time. You may end up having to reschedule. Please be aware that rescheduled appointments may take several weeks.
5. **Confirmation.** The office of Wild Smiles, LLC will make a courtesy confirmation call 48 hours prior to your child's appointment. It is imperative that we receive a confirmation of your child's appointment from you. In the event a confirmation is not obtained from the parent (because of ie., no answer, disconnection of phone service, or untimely response, etc.), Wild Smiles will reserve the right to remove your child's appointment from the schedule. It is, therefore, important that you make arrangements to contact us 24 hours prior to your child's appointment. **Wild Smiles, LLC will not take responsibility for any further attempts to contact you.**

Your understanding in our policies is greatly appreciated, for we do not feel we can make exceptions for one person. When, at times it seems as though we are inflexible with our schedule, please remember that we are trying hard to be on time and fair to everyone. We thank you in entrusting your child's care with us. We feel confident in our level of care. Welcome to Wild Smiles, LLC.

Signature of Parent

Date

203 North Lake Drive
Lexington, SC 29072
P: 803.356.1606
F: 803.359.7542

1767 South Lake Drive, Suite A
Lexington, SC 29073
P: 803.767.4640
F: 803.996.6991

www.wildsmiles.net