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Phone: (352) 854-0968

PATIENT RIGHTS AND OBLIGATIONS

PATIENT RIGHTS

As a patient of our clinic you have certain rights during your course of treatment.

You have the right to considerate, respectful and confidential treatment. You have the right to a complete and thorough dental examination and the right to a thorough review of your medical history especially as that history may relate to your dental condition.

You have the right to a complete treatment plan of your dental needs, explained completely to you in a manner so that you understand those needs. You have the right to have input into that treatment plan so that your personal concerns regarding treatment needs are addressed. You have the right to refuse any treatment or to stop treatment at any time. Treatment options including risks associated with no treatment will be provided. You also have the right to a complete explanation of all fees and costs associated with your proposed dental treatment.

You have the right to have your treatment needs completed promptly and on a scheduled basis. You have the right to emergency dental care.

You have the right to impartial access to dental treatment regardless of race, national origin, religion, sexual orientation or physical handicap. You have the right to special help if you have a disability. Examples include sight impaired, hearing impaired and mobility problems such as wheelchair confinement

PATIENT OBLIGATIONS

You have the obligation to attend all dental appointments scheduled and to reschedule with 48 hours advance notice when not able to attend.

You have the obligation to pay for your dental treatment as agreed after the treatment plan appointment. Treatment cannot be continued if you fail to pay in a timely fashion.

You have the obligation to do your part to maintain your dental health. You must floss, brush, etc. and return for any scheduled recalls to ensure the longevity of your dental treatment. Treatment will be discontinued for failure to maintain oral health.

I certify that I have read and understand the above rights and obligations.

Patient signature

Date

Doctor signature

Date