

# Children's Dentistry Of Cochecho Valley, LLC



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## IMPORTANT OFFICE POLICIES

In coming to this office you have read and understand the following:

1) We have a strict policy that we require 48 hour notice for any appointment that cannot be kept. If an appointment is cancelled within 48 hours of the appointment it will be considered as broken, regardless of the reason.

2) We have a policy that after two missed appointments a family become subject to dismissal. Please note that this potentially applies to all children in the family. If one child misses three appointments it places the entire family in jeopardy.

3) We require that patients present for their appointments at their scheduled time. Ideally, each patient would arrive for their appointment 5 minutes early. If you are more than 10 minutes late we might be forced to reschedule your appointment depending on the nature of your appointment (i.e. planned treatment). Our office runs by the time we have in our office at the front desk.

4) We guarantee restorative work only so long as a patient is coming in for regular recalls at six month intervals. If a filling comes out and we have not seen your child in one year it is possible that you will be responsible for all, or a portion of, the customary charge.

5) Our records need to remain as complete as possible. This includes medical history, contact information, insurance information, etc. It is your responsibility to notify us of any changes in the items mentioned above.

6) We do not allow food or drink past the waiting room. This is for your safety.

7) Use of cell phones is strictly prohibited. We will delay treatment until such time as the distraction has ceased. It is at our discretion to remove you from the treatment area in the case of multiple infractions.

8) For the safety of everyone at this office we do not allow more than one person to accompany a child into the treatment area. This includes multiple parents and siblings. The only exception to this rule would be an infant restricted in a car seat.

9) I understand that there might be a fee to transfer records if my account is not in good standing.

\_\_\_\_\_  
Signed (Parent or Guardian)

\_\_\_\_\_  
Date