



## GENERAL DENTISTRY INFORMED CONSENT

Dentist: Eva Renwick D.D.S

Patient (Print Name): \_\_\_\_\_

### ✘ DRUGS AND MEDICATIONS

I understand that antibiotics, analgesics and other medications can cause allergic reactions causing redness and swelling tissues, pain itching, vomiting, and/or anaphylactic shock.

### ✘ CHARGES IN TREATMENT PLAN

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. For example, root canal therapy following routine restorative procedures. I further understand that I will be told of any additional procedures and additional fees. I give my permission to the Dentist to make any/all changes and additions as necessary.

## OFFICE POLICY

- ✘ Our hours are Monday, Tuesday, Wednesday and Friday 8am - 5pm. Thursdays we do not usually see patients, but the office may be open for administrative purposes. Saturdays and Sundays we are closed. Our after hours phone number is 512-699-9939. If messages are left during regular business hours we will return your call within 24 hours. Keep in mind that we cannot diagnose or render treatment over the phone.
- ✘ We will always strive to adhere to your appointment time as not to cause you a long waiting period. However, because of the nature of our practice where we attend to emergencies, you will be informed if you have to wait to be seen. If you are 15 or more minutes late for an appointment you will need to reschedule.
- ✘ If you cannot make your appointment we request that you give us a 24 hours notice prior to your scheduled appointment. Saturdays and Sundays are not business days therefore we must be notified of any cancellation for Monday prior to 5pm on Friday. If two appointments are no-showed or not canceled within the appropriate time period you will be notified, by mail, and given only one more chance to attend any scheduled appointment. After the third appointment is no-showed or not canceled properly you will be dismissed from our practice. **Appointments canceled or broken without notice will be charged \$30.**
- ✘ As a courtesy we will call in prescriptions either at the end of the each business day or within 24 hours of your request.
- ✘ We will not release your medical information without a properly signed Medical Release Form, which is included in this package and titled "Consent for Purposes of Treatment, Payment and Healthcare Operations".
- ✘ We will not provide ongoing medical care to patients whose requests are illegal, unethical or fraudulent.
- ✘ As a courtesy to our patients, our staff will make all efforts to assist you with issues that are not always within the control of our office. All patients will be treated with respect and dignity, and in return we ask that our staff be treated equally. We reserve the right to dismiss patients from the practice at our discretion.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Date