

Contact Consent

Legally, we are unable to provide any information regarding your treatment, appointments or account, to anyone, unless you authorize our office to do so. In order for us to share information, please list the name of the person, along with their telephone number, as well as their relationship to you.

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

May we leave a message on your voicemail regarding appointments? Yes____ No____

In the event you need to reschedule or cancel an appointment, we kindly request 48 hour notice. Consistently cancelling or not showing for the time we reserve for you without ample notice may result in a fee being charged to your account, at our discretion. We understand that unexpected circumstances may not allow for a 48 hour notice, and exceptions will be made. ☺

Financial/Insurance Disclaimer

We will be happy to extend the courtesy to you of filing your insurance. We do our best to estimate your co-pay as closely as possible, based on information we obtain from your carrier. This co-payment is due the day of treatment. Please understand that our fees are not influenced by the fees set forth by the insurance companies, and any discrepancies between the two will be your responsibility.

If you do not have insurance, any fee for services preformed will be due upon check out. By signing below, you accept the terms and conditions of the above.

Signature_____Date_____

Photo Consent

We love to share the success of our patients and their end results with others!

I grant permission to Triad Cosmetic Dentistry for the use of photograph(s) or electronic images of my teeth or smile (not full face shot) in any presentation of any and all kind whatsoever. I understand that I may revoke this authorization at any time by notifying Triad Cosmetic Dentistry in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after such time they will be destroyed or archived.

I grant permission_____

I do not grant permission_____