

THERESA M. WHITE, DDS, MS

Southwest Pediatric Dental Associates, PLLC

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Phone 405.616.7336

Welcome!

We are pleased that you have made an appointment for your child at our office, and we look forward to meeting your family. As a pediatric dental office, our routine may be somewhat different than you have experienced in other medical and dental settings. To make our time together most enjoyable, please read and remember the following policies.

Please,

1. **Always Bring** the patient's Insurance card and policy holder information, and/or (DHS) Medicaid card. We verify DHS eligibility for every dental visit. The use of Medicaid is a privilege.
2. **Inform us** of changes of address, phone numbers, and DHS eligibility (for example, a new case number).
3. **Be On Time** for your appointment. We have reserved a particular time for you, and we strive to keep on schedule. Call if you are late, need to reschedule or need to cancel a dental appointment. We would prefer if 24 hours notice could be given when rescheduling an appointment. Avoid "No Show Appointments".
4. **Remember "No Show Appointments"** occur when a family does not call before an appointment date to inform our office that the appointment must be rescheduled or cancelled. After the second (2nd) "No Show Appointment" occurs, this clinic will not be able to reschedule an appointment for that child and all appointments scheduled for the future will be cancelled.

If you have questions about these policies, please ask the office manager. Thank you.

Southwest Pediatric Dental Associates, PLLC

Theresa M. White, DDS, MS

I have read and understand the above policies for the patient names listed below.

Signed _____ Date _____

Relationship to Patient _____

Please bring this form with you to your child's first appointment.