

To Our Valued Patients,

At Taylor Brook Dental Associates, we place your dental health as our top priority and aim to deliver the highest quality of care. We believe that maintaining healthy teeth and gums goes beyond daily brushing and flossing. As an informed patient, it's important to know what to expect from your dentist and our dedicated dental care team.

This statement outlining your rights and responsibilities reflects our commitment to ensuring you receive the best possible care. Thank you for entrusting us with your dental health—we look forward to continuing to serve you with compassion and expertise.

You have the right:

- To receive safe, reliable, high-quality dental care without regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, and gender identity or expression.
- To receive considerate, respectful and confidential treatment by your dentist and dental team.
- To expect the dental team members to use appropriate infection and sterilization controls.
- To be informed about the optimal treatment plan recommended by your dentist, as well as the right to request alternative treatment options.
- To ask questions and receive answers regarding your dental condition and treatment plan for your care.
- To an explanation of the purpose, probable (short and long term) results, alternatives and risks involved before consenting to a proposed treatment plan.
- To accept, defer or decline any part of your treatment recommendations.
- To know in advance the estimated cost of treatment.

Patient Responsibilities:

- To provide, to the best of your ability, accurate, honest and complete information about your medical history and current health status.
- To participate in your dental care decisions and ask questions if you are uncertain about your dental treatment or plan.
- To keep your scheduled appointments. If rescheduling becomes necessary, you are responsible for providing a minimum of **48 business hours'** notice.
- To arrive on time for your scheduled appointments.
- To always be respectful to Providers and team members.
- To have at **minimum** a Dental Exam every **12 months**, Bitewing Radiographs every **18 months** and a Panoramic Radiograph every **5 years**.
- To pay for services at the time of appointment. If you have insurance coverage, please be prepared to pay your **estimated** portion.
- Patients are responsible for the consequences resulting from declining treatment or from not adhering to TBDA policies.

Acknowledgment:

_____ Date: _____

Signature of Patient, Parent, or Guardian

Printed Name of person signing

Patient Name (if different)

Rev 7/2024