



DENNIS R. MOONEY, DDS
FAMILY DENTISTRY

OFFICE POLICIES OUTLINE PATIENT RIGHTS & RESPONSIBILITIES

When entering into a new relationship with any Doctor, there are obligations of both the Doctor and Patient which will allow that relationship to develop well and fully. I wish to become a patient here, so I, _____ (patient) understand and agree to abide by the following policies of the office of Dr. Dennis R. Mooney, which address both his philosophies as my treating Doctor and my responsibilities in order to remain a patient here. Existing patients of long standing may have seen exceptions to these rules in the past, but Dr. Mooney's long experience has convinced him that these basic policies cannot be sacrificed in order to maintain his high standard of care.

- I will confirm all appointments by leaving a message on the office telephone. Failure to respond to our request to confirm may result in the loss of my scheduled appointment time. Dr. Mooney's staff makes every attempt to reach me according to the phone numbers/addresses listed at the time of my last appointment, so I agree that if I do not keep those numbers current, I accept full liability for cancelled appointments. We expect you to be on time for all appointments.
- I agree to pay a fee of \$50 per patient, per appointment, if I fail to appear for a confirmed appointment(s) or arrive too late to be seen.
- I understand that x-rays are an integral diagnostic tool, and that no Dentist can treat me ethically without them. I understand that this office uses digital x-rays to keep radiation levels to absolute minimum, so I agree to accept required x-rays when deemed necessary by the professionals at this office. **Note:** *If you are using a Dental Plan be advised that most insurance companies require us to take x-rays sometimes when we might otherwise not feel they are required.*
 1. All new patients will receive full mouth x-rays and/or a panoramic x-ray to establish a baseline for their future treatment and identification.
 2. Every 3-5 years as required, patients will routinely be fully x-rayed.
 3. All children will receive bitewing x-rays every 6 months at their recall appointments. This is necessary to check for tooth decay in their developing teeth.
 4. Adults will receive a minimum of bitewing x-rays once per year.
 5. X-rays sent from other dental offices may not be readable and if they are not adequate will be re-taken with our state of the art digital equipment
 6. All patients being referred to oral surgery or orthodontic offices will receive a panoramic x-ray (as required by those offices).
- Fluoride treatments are used in this office for both adults and children. We live and work in a State where fluoridated water is inconsistent or non-existent. Dr. Mooney feels strongly that fluoride given regularly helps his patients with tooth formation, enamel strength, decay resistance, and tooth sensitivity, as well as reducing the effects of plaque. ALL patients will receive fluoride as part of their routine care here, *without exception.*
- I understand that children are seen & treated independently. OSHA requirements and small operatories prohibit the physical presence of non patients in the treatment rooms. The staff makes every effort to ensure I am fully informed of my child's treatment, I will be given opportunity to meet Dr. Mooney as well as have questions/concerns addressed. It is important that my child has a good experience and I will aide in promoting relaxation & trust in our dental team.
- I understand that Dr. Mooney expects me to comply with recommended Oral Surgery, Root Canal Therapy, Soft Tissue Management Programs, or other problem-solving therapies. I realize that it would not be in my best interest to continue to allow a diseased condition to exist in my mouth if there is a therapy that will resolve my problem. Therefore, I understand and accept that repeated requests for medication to address problems that I refuse to end through recommended therapy will not be honored, and may lead to my dismissal from this practice.
- We do our best to accommodate those using Dental Plans, but for your sake we will not be forced to sacrifice your well-being to the treatment limitations which are forced by your insurance company's payment policies. We do, and recommend; only that which we feel is in your best interests.

I have the right to refuse treatment, but understand that it may require me to seek care from another Dentist.

Patient (or guardian for patient) Signature

Date