# Rhonda L. Kearney, DDS, MS, PLLC



www.hendersonpedo.com

#### **APPOINTMENT POLICY**

Welcome to Henderson Pediatric Dentistry! We are glad you have made an appointment for your child for important oral health care. Regular dental visits every 6 months, including examinations, cleanings, fluoride treatments, dental sealants, and fillings are important to keep teeth healthy. It is especially important that you keep your appointment! Valuable time has been reserved for your child's care. A missed appointment results in lost time which could be used for another patient waiting to receive treatment. Every effort is made to keep on schedule so we respectfully ask patients to be prompt and keep their appointments. The office attempts to schedule appointments at your convenience and when time is available. Preschool children (5 years old and younger) should be seen in the morning because they are fresher and we can work more slowly with them for their comfort. Dr. Kearney has also found that all children having restorative treatment (fillings, extractions, etc) have a much better experience in the morning for the same reason.

We are looking forward to seeing you and your child at their next visit. Please take a moment to familiarize yourself with our appointment policy. Thank you!

# **Broken/Missed Appointments**

Your child's scheduled appointment is reserved specifically for them. We try to remind patients by telephone prior to the appointment, but **please do not depend on this courtesy.** If a cancellation is unavoidable, please call the office at least 24 hours in advance so that we may give your child's appointment time to another patient. If you do not cancel your child's appointment with more than 24 hours notice or if you do not bring your child to the appointment, we will consider this to be a broken/missed appointment. If 2 broken appointments occur, our office reserves the right not to schedule any subsequent appointments for your child.

Occasionally, children's illnesses or other unexpected emergencies make it necessary to cancel an appointment with less than 24 hours of notice. Please contact our office immediately and we will do our best to accommodate your situation.

### **Late Arrivals**

If you arrive more than 10-15 minutes late for your child's appointment, you may be asked to reschedule for the next available appointment time. Again, please call at least 24 hours in advance if a cancellation is unavoidable.

## **Appointment Delays**

We strive to see all patients on time for their scheduled appointment. We make every effort to stay on schedule. Additionally, there are times when our schedule is delayed in order to accommodate an injured child or an emergency. Please accept our apology in advance should this occur during your child's appointment. We will provide you the same courtesy if your child is in need of emergency treatment. We ask that if your child is not called back in a timely fashion, to please notify a staff member.

# First visit

Please plan to arrive 15 minutes before your scheduled appointment. This will allow time for parking, to complete any additional paperwork, present your insurance card and see your child on time. A parent or legal guardian (with official documentation) must be present in the office during the initial examination and/or any restorative appointments.

## Do I Stay With My Child During The Visit?

We invite you to stay with your child during the initial examination. During future appointments, we suggest you allow your child to accompany our staff through the dental experience. We can usually establish a closer rapport with your child when you are not present. Our purpose is to gain your child's confidence and overcome apprehension. However, if you choose, you may come with your child to the treatment room. During sedation appointments, we do not allow parents in the treatment area due to safety concerns. This is also true for General Anesthesia.

For the safety and privacy of all patients, other children who are not being treated should remain in the reception room with a supervising adult.

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I have read and understand Henderson Pedia	tric Dentistry's appointment policy.	
Parent/Guardian signature	Child's name (or Children)	Date