

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

DENTAL OFFICE APPOINTMENT GUIDELINES

The Florida Department of Health in Volusia County has established the following guidelines for the benefit of all clients.

- **Alternating Appointments**. Clients are scheduled appointments that alternate between morning and afternoon hours to allow all clients access to morning and afternoon appointments. For example, if your first visit is in the morning, your second will be in the afternoon, third in the morning, etc.
- **Cancelled Appointments**. Appointments must be cancelled at least 24 hours in advance. Canceling the same day of an appointment is considered a broken appointment.
- **Broken Appointments (“No Show”)**. Clients with two broken appointments in a six-month period will be placed on a waiting list. After six months, clients may schedule another appointment. This makes sure that clients who do not keep their appointments will not continue to take up timeslots that could be used by other clients.
- **Adult (Over 21) Broken Appointments (“No Show”)**. Clients with one broken appointment or who cancel the same day of their appointment will be referred to another dental office for treatment.
- **Arriving Late to Your Appointment**. Clients that arrive more than 10 minutes late for their appointment will have to reschedule so that clients who arrive on time may be seen at their scheduled appointment time.
- **Informed Consent**. Only parents and legal guardians may approve the treatment of a client. Clients accompanied by a person who is not a parent or legal guardian will not be treated unless there is a notarized, signed consent for treatment from the parent or legal guardian.
- **Unaccompanied Minor**. Unaccompanied, underage children (up to age 18) will not be seen for treatment.
- **Patients of Record**. No one will be offered dental services without a documented dental record.

Print – Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Name - dental staff