

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



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

DENTAL OFFICE APPOINTMENT POLICY

In agreement with the policies of the Florida Department of Health and the Volusia County Health Department, the following policy was created for the benefit of all clients.

- **Alternating Appointments.** It is necessary that 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 twenty-four (24) hours in advance. Canceling the same day of an appointment is considered a broken appointment.
- **Broken Appointments (“No Show”).** Clients with two (2) broken appointments in a six (6) month period will be placed on a waiting list. After six (6) months, clients may schedule another appointment. This ensures that clients who do not keep their appointments will not continue to occupy timeslots that could be used by other clients.
- **Adult (Over 21) Broken Appointments (“No Show”).** Clients with one (1) broken appointment or canceling 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 ten (10) minutes late for their appointment will have to reschedule so that clients that 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 adolescents (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