Welcome to our practice!

Dr. Theodore Dimoulis, DMD, Dr. Katerine Dimoulis, DMD and our staff are pleased that you have chosen us for your dental needs. We look forward to helping you and your family to achieve a healthy and beautiful smile. In order to provide you with an excellent service, we ask you to kindly follow our office’s policies.

If you need to cancel an appointment, please contact us at least 24 working hours in advance. We reserve the right to charge **$25 cancellation fee when you have not notified us at least 24 working hours in advance.**

Please be kind to other patients by showing on time to your appointment. Unless there is an emergency situation, you can expect us to be on time for you.

Payment is expected when services are rendered unless other arrangements are made in advance. The following forms of payment are accepted at our office: cash, credit card (Visa, Master Card, Discover, American Express), debit card, Care Credit, check. **Please ask us about our financial arrangement options that might help you complete your dental treatment.**

The best compliment you can give us is a referral.

**Please let us know how you knew about our office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for being our patient!

By signing my name below, I certify that I have read the above information. Any questions concerning these policies have been discussed. My signature also certifies my understanding of, and agreement with the above policies. I understand I am responsible for all charges of dental treatment performed as well as any fees related to the violation of the office’s policy. A photocopy of this document is as valid as the original. You may receive a copy of this document upon request.

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Patient’s Name (or Guardian) Print Patient’s (or Guardian) Signature

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Date