David Satloff, DMD, MS, MBA, CAGS, MAGD
Master, Academy of General Dentistry

Look Good, Feel Good, Smell Good with Modern, Holistic, Cosmetic Dentistry

Oral Medicine · Oral Diagnosis · Oral Toxicology · Sleep Apnea · Snoring · Rehabilitative Dentistry
Smile Makeovers · Tooth Whitening · Tooth Straightening · Halitosis · TM Disorders

CANCELLATION POLICY

All Cancellations must be made 48 hours before scheduled appointment or a $25.00 per half hour fee charge will occur. You are responsible for the payment of this fee before any future appointment will be made. Your insurance company will not cover these areas.

FEE RESPONSIBILITY

Even though an insurance claim is filed, you will receive a statement if your account has a balance due. This office cannot accept responsibility for collecting your insurance claim or a disputed claim. You are responsible for payment of your account every month.

CONSENT

I consent to the taking of photographs and x-rays before, and during and after treatment, and their use in scientific papers or demonstrations.

NAME_____DATE_____

Please place and "X" representing the level of dental care you believe currently exists in your mouth today.

(Poor) (Average) (Excellent)

P_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_A_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_E

Please place an "O" where you would like to see your level of oral health, five to ten years in the future.

Please place a "P" where you believe your insurance reimbursement pays.