

## Preferred Provider Policy

It is our policy that every patient meets all of our providers, both doctors and hygienists, at least once throughout their time at our office. If a patient specifies that they would like to only see one hygienist and/or doctor, we will make every possible attempt to schedule you with your preferred provider. As schedules fluctuate daily, we may require you to move your appointment to another day or time for you to see your preferred provider. We ask for your cooperation as we work to fulfill your requests.

We respect your choice to see the provider of your choosing. We ask that if you are unable to give sufficient notice of 48 hours or more to reschedule or cancel an appointment over the course of 3 office visits, we will request that you see another provider whose schedule may be more in line with yours for future appointments.

By signing this policy, I am stating that I have read and understood the above statements and agree to abide by them.

Patient Name (printed) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date Signed \_\_\_\_\_