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**Crescent Heights Dental**  
***Office Policies Consent Form***

In an effort to ensure that your appointments at our office are as predictable and pleasant as possible, we would like to go over our office policies with you. Please feel free to contact us with any questions you may have.

Due to the Canadian Personal Privacy Act, we are unable to access information from your insurance company regarding your dental plan and the details of your coverage. It is your responsibility to know the specifics of your plan such as annual maximum, frequencies and other limitations. We extend the courtesy to bill your insurance company directly so that you do not have to pay in full upfront; however, you are fully responsible to pay any unpaid portion that is left on your account.

Initials: \_\_\_\_\_

Due to the high demand of prime time appointments at our office, we require a minimum of 24 hours notice if you were to change or cancel your appointment. This is valuable time that the Doctor has reserved for you. In a situation where insufficient notice is given, a \$100.00 fee will be charged to you.

Initials: \_\_\_\_\_

For major treatment such as crowns, bridges, night guards and dentures, a preauthorization is required from your insurance company prior to booking any appointments to do with that specific treatment. Should you want to have major treatment done right away, we will ask for full payment up front. If the preauthorization we have sent for you has expired and you would like to proceed with treatment at a later date, there will be a \$10.00 charge for the time it takes to submit the information to the insurance again.

Initials: \_\_\_\_\_

Our goal is to assist you to the best of our ability in obtaining maximum dental health and wellness.

Your name (please print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

With kindest regards,  
Your Dental Team