

Shoreline Dental Care, LLC
Appointment Reservations

At Shoreline Dental Care, we realize that your time is valuable, and we appreciate your mutual understanding that our time is valuable too. Unlike many other offices, we do not “double book” our appointments. **When we schedule your appointment, a treatment room and the doctor’s time has been reserved specifically for you.** Therefore, we need to ask for your assistance in keeping all scheduled appointments and being prompt in your arrival time.

If your personal schedule changes and you find it necessary to postpone an appointment, our office requires **2 business days**, in order to offer the time to another patient. Please keep in mind that messages canceling appointments cannot be left with our afterhours answering service, Please speak to the business office during regular office hours; **Monday-Thursday 8:30 AM-5:30 PM, Friday 8:30AM-2:00PM & Saturday 8:00 AM-2:00 PM**, at our main office numbers: **West Haven: 203-931-3050 or Milford: 203-874-3050.**

Appointments

It is necessary that we work by appointments. Unfortunately, emergencies do occur that occasionally cause delays in our schedule. However, we will try our best to honor your appointment time. Please, in turn, remember that the time we have reserved for you, is exclusively for you. Any changes in your schedule will affect our schedule as well.

We do require **2-business days**’ notice for any appointment changes. Regrettably, if you **miss 2 (two) appointments** with our office (*do not show up or do not call to cancel with notice*), **we will charge a missed appointment fee of \$100 and will be unable to reserve any additional time in our schedule for you without an appointment deposit. An appointment deposit will be held on a credit card prepaying for your scheduled dental visit. When you keep your appointment, your deposit amount will be applied to your appointment fee.**

Our objective is not to charge for missed appointments. We would much prefer that you keep your appointments, or reschedule with notice so that we may be afforded the opportunity to offer your reserved time to another patient in need. As a courtesy to you, we will make every attempt to remind you of your appointment. We provide our patients the option to participate in our online patient communication system. Some of the features include the ability to:

- **Request Appointments Online**
- **Receive Text Message Appointment Reminders**
- **Refer Your Friends Online**
- **Confirm Appointments via Email**
- **Submit Patient Satisfaction Surveys**

You may opt-out of communications at any time by clicking the unsubscribe link in the footer of each email or by replying to a text message with 'STOP'. Standard Text Messaging rates apply.

Please Verify Your Contact Information

Name: _____

Home Phone: _____ Work Phone: _____

Check here to Opt In to Text Messages Cell Phone: _____

Check here to Opt In to Email: _____

Use this information for the following family members:

***Please note that you will need to Opt In individually for each family member.**

Please sign below that you agree to allow us to use this information in providing your services.

Signature _____

Date _____

We use this information to provide you with excellent treatment. We may disclose Patient Health Information (PHI) to third parties that perform services for Shoreline Dental Care LLC: in accordance with HIPAA. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for Shoreline Dental Care LLC. Our affiliates do not sell, share or rent our users' personally identifiable information unless required by law, do not send any e-mail or other communications without user permission, and do not send spam.