

Statement of Rights and Responsibilities

Patient's Name _____ Date of Birth _____

All too often, in today's fast-paced world, we assume folks are aware of what they can expect of a health-care provider and what is expected of them from that health-care provider. So as not to assume, we would like to outline some of the more important aspects of our office expectations...*Rights and Responsibilities, Dental X-Ray Protocol and the taking of Blood Pressure.* If you have any questions or concerns, please ask one of our staff members.

Your Rights as a Patient of Suncook Dental:

1. You can expect us to provide you with the very best care in a comfortable environment and when we cannot provide that care to refer you to the best specialists in our area.
2. You can expect us to explain proposed treatment and estimate the cost of that treatment. If we fail to do so, please bring it to our attention.
3. You can expect us to be on time, keeping in mind that the unexpected does occur, both with your treatment and others.
4. You can expect us to be available when dental emergencies arise.
5. You can expect us to treat you the way you treat us.

Your Responsibilities as a Patient of Suncook Dental:

1. We expect you to keep us abreast of any changes in your health or registration information including insurance information.
2. We expect you to maintain your oral health by utilizing the recommended tools and techniques and to make a concerted effort to follow through with treatment. We will not manage your dental neglect.
3. We expect you to make, confirm, keep and be-on-time for your appointments. If you prefer us to not confirm your appointments, that is fine but you will be charged for the entire cost of the appointment if you fail.
4. We expect you to settle your account at the time of treatment or make firm financial arrangements in advance of your treatment date. We do have third party financing available.
5. We expect you to manage your dental insurance. We can help, but your insurance and your account are ultimately your responsibility.
6. We expect you to treat us the way you would like to be treated.

Suncook Dental makes every effort to adhere to the accepted Standards of Dental Care and when possible, exceed them. In the case of dental radiographs, we have been adhering to this protocol for over 35 years. The taking of Blood Pressure is new and long over due.

Dental Radiographs (X-rays)

Dental Radiographic Examinations provide invaluable information that helps us evaluate your oral health. With the help of radiographs, we can look at what is happening beneath the surface of your teeth and gums. We utilize the latest technology to minimize our patient's exposure to radiation. Because many diseases of the teeth and surrounding tissues cannot be seen when we examine your mouth, radiographs can help reveal:

- | | | |
|---------------------------|--------------------------|-----------------------------|
| Decay between the teeth | Decay under old fillings | Infections of the bone |
| Periodontal (gum) disease | Abscesses or cysts | Developmental abnormalities |
| | Some types of tumors | |

We believe that treating patients without current x-rays is inappropriate and unethical. To that end, we require our patients to have current radiographs as part of a complete dental examination, diagnosis and treatment plan.

Blood Pressure

The importance of reviewing an individual's blood pressure directly prior to an appointment provides significant information needed to fully and safely treat a patient's dental needs. High or low blood pressure can have significant consequences during a dental appointment and a simple reading can avert an emergency. To this end, we have decided that a blood pressure reading is ideal for all appointments and mandatory for most.

Appointments that **REQUIRE** a blood pressure reading include the following:

- Any appointments that require anesthetics
- Any appointment during which bleeding may occur, including professional cleanings
- Any appointment during which stress is likely

I understand and agree to the above Rights & Responsibilities and Protocols at Suncook Dental.

Signed _____ (Patient or Parent/Guardian) Date _____