

A to Z Family Dentistry, PC

159 E. Main St. Little Falls, NJ 07424

OFFICE POLICY

- Your appointment time is reserved specifically for you. A charge of \$25.00 will be made for all broken appointments unless a 24 hour notice is given.
- All copays and payments must be paid at the time of service.
- It is YOUR responsibility to know what your Insurance covers and what it doesnot.
- All Insurance estimates are only estimates. Any balance not paid by your Insurance company will be YOUR responsibility.
- To insure quality dental service to all our patients, we reserve the right to re-schedule your appointment if you come more than 15 minutes late for your appointment.
- You have a choice of composite ("white") or amalgam ("silver") fillings in our office.

I have read and agree to comply with the above policy.

Patient's Name: _____

Patient/Guardian Signature: _____

Date Signed: _____

RECORDS RELEASE AUTHORIZATION

I hereby authorize and request the release of my dental records and X-rays to:

A to Z Family Dentistry, PC

Marina Guelfguat, D.D.S.

159 E. Main St., Little Falls, NJ 07424

Tel: (973) 837-6655

Fax: (973) 837-6654

Email: atozfamilydentistrynj@gmail.com

Patient's Name (Please print) _____

Address: _____

City: _____

State: _____ Zip: _____

Signature: _____

Date: _____