

Thank you for trusting us with your dental care! We are looking forward to providing you with comfortable treatment. Due to the nature of oral sedation, all related consent forms, treatment plans and forms of payment need to be taken care of in advance. Below is a check list of **items that must be completed prior to your prescription being dispensed:**

- Oral Sedation consent forms signed and returned 48 hours prior to your appointment.
- Driver Consent form signed and returned 48 hours prior to your appointment.
- Payment for your estimated portion paid in full.

I understand the above items must be completed no less than 48 hours in advance or my appointment may need to be rescheduled. I also understand that Healthy Smiles Dental Group has a 24-hour advanced notice requirement for cancelled or rescheduled appointments.

Preferred Pharmacy Name & Phone & Location _____

Thank you in advance for your cooperation with our oral sedation policies. We look forward to providing you with exceptional care.

Printed Name _____ Date _____

Signature _____ Date _____

- I would like to pay my estimated patient portion via CareCredit*. I understand that I must come in person to sign my receipt at least 48 hours before my scheduled appointment.**
- I would like to pay my estimated patient portion via personal check and will pay at least 48 hours prior to my appointment.** I understand that I cannot pay same day with a personal check due to the nature of oral sedation.
- I will pay my estimated patient portion via credit card at least 48 hours prior to my scheduled appointment.**

Name on Card _____

Card Number _____ Exp. _____ CV _____

Billing Zip Code _____

Signature of Cardholder _____ Date _____

*CareCredit requires an application and approval 48 hours prior to your appointment. If you would like more information about CareCredit please let our Team know or visit www.carecredit.com.