



## Confirmation Policy

At Sandalwood Dental Care, we value your time and understand things can change in your schedule. We have reserved the doctor's/hygienist's time to see you. To ensure that you keep this reserved appointment, you must confirm at least 24 hours prior to your scheduled appointment time.

We will contact you by email, text message or phone to confirm your appointment 2-3 days before your appointment time. Please respond to the email or text to confirm. If we leave you a voicemail please call us back. If a confirmation is not received within 24 hours of your scheduled appointment time your appointment may be canceled in order to make that appointment time available to other patients.

Please let our front desk know how you prefer to be contacted for appointment confirmations. If you select email and/or text message reminders and have not confirmed through that system we will call you to confirm your appointment.

If you arrive more than 15 minutes late for your appointment, we reserve the right to reschedule your appointment for a later time or another day.

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## Consent to receive electronic communications

We know you are busy. Let us help by sending automated reminders and more. Our office is now able to send email and text messages to patients to confirm appointments, let you know about upcoming events, and to provide additional communication notifications! This is a great tool to utilize when a phone call isn't possible. However, we understand that some patients prefer to be called.

Please indicate if you would like to receive email and text message appointment confirmation and reminders, newsletters, marketing specials, account updates, and opportunities to provide feedback.

We may also use your information for direct and indirect marketing, including audience targeting.

You can withdraw your consent to receive electronic communications at any time by calling our office. Please note that you are responsible for providing our office with any updates to your email address and/or cell phone number.

Name: \_\_\_\_\_ Yes  No

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



## Media Release Form

I, \_\_\_\_\_, grant to *Sandalwood Dental Care* and its affiliates, successors and assignees, and any person acting under their permission and authority the unqualified right, privilege and permission to use my name\* as well as reproduce in any manner or form, publish, republish and circulate photographs, videos, slides, transparencies and recordings of my voice or any other image as may be necessary of me, with or without my given name, or with a fictitious name for advertising, education, or any other lawful purpose.

I, for myself, as well as my heirs, executors, administrators and assigns, hereby remise, release, and discharge *Sandalwood Dental Care* from any and all claims of any kind whatsoever on account of the use of such photographs, videos, slides, transparencies and recordings of my voice, including but not limited to any and all claims for damages for libel, slander, and invasion of my right of privacy.

I understand that *Sandalwood Dental Care* uses such materials to record the effects of treatment before, during and after rendition of dental services to demonstrate results to myself and other patients. I also understand that the materials may reveal my identity and in certain instances, reveal all or parts of my teeth, smile and face.

I acknowledge the photographs, videos, slides, transparencies and recordings of my voice or any other image may used to illustrate results of specific procedures in types of media including but not limited to internet, newspapers, magazines, television and other professional publications (dental magazines and journals). I grant *Sandalwood Dental Care* the right to duplicate such photographs for existing and prospective patients. I further acknowledge that I have no interest whatsoever in any professional fees derived by *Sandalwood Dental Care* from the subsequent performance of professional services for the person or persons who view my photographs. I do not expect compensation, financial or otherwise, for the use of these photographs.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Patient Signature \_\_\_\_\_

Witness \_\_\_\_\_

*Minors Only:*

If person indicated above is under age 18, parent or guardian should sign here:

I, \_\_\_\_\_, parent or guardian, hereby consent to the foregoing.

\*Please note: full names will not be disclosed on our websites or publications.