



Office Policy

We reserve your child's appointment time for them only. There is no one else scheduled in their allotted appointment time. We feel this allows them to receive excellent care.

We require a 24 hour notice if for any reason you are unable to keep your child's appointment. If you are more than 15 minutes late for any reason, your child's appointment will be rescheduled and will be a broken appointment. If your child has 3 broken appointments without a 24 hour notice, they will be seen on a work-in basis only.

There is a \$25 missed appointment fee.

We want your child to have a pleasant experience each visit. It is important for them to listen to the instructions given by the doctor and his staff. Multiple people speaking causes confusion and may upset your child. If you wish to accompany your child into the treatment area we ask that you be a silent observer during treatment. We will be happy to answer any questions you may have before or after treatment.

Signature of Parent/Guardian _____ Date _____

No Cavity Club

If your child's dental visit reveals no cavities, we would like to take their picture and display it in our office. Please sign below if you give Dr. Michael Vann & Associates/Vann Pediatric Dental permission to do so.

Signature of Parent/Guardian _____ Date _____

Photo Release

We like to post pictures of your kids on our Facebook page, Website, and Newsletter as Happy Patients. Please sign below if you give Dr. Michael Vann & Associates/Vann Pediatric Dental permission to do so.

Signature of Parent/Guardian _____ Date _____