



*Samantha Jones, D.D.S., M.S.D.*

### **Grounds For Dismissal**

The purpose of this letter is to advise you of the grounds for dismissal from our practice. Dr. Jones reserves the right to discontinue treatment for any of the following reasons:

#### **Please initial the following**

1. \_\_\_\_ Too many broken brackets or wires (A fee of \$25 each will be charged for broken bands, brackets or wires. Braces will be removed if no progress is made.)
2. \_\_\_\_ Too many missed appointments (If you miss an appointment without calling 24 hours ahead of time more than 3 times, we will not reschedule you. A fee of \$35 will be charged for missed appointments.)
3. \_\_\_\_ Too many late arrivals (If you are late for your appointment, we will most likely not see you and you will be rescheduled. After 3 times, we will not reschedule you.) Our schedule is full and we like to run on time.
4. \_\_\_\_ Late or No payment on in house accounts (Payment plans are arranged as a courtesy. If you get 3 months behind on your payments, your account will be turned over to our collection agency, and the patient will not be seen until the payments are made.-Unless deemed an emergency appointment)
5. \_\_\_\_ Lack of cooperation (If there is a lack of cooperation on the part of the patient or parent and the recommended treatment is not carried out in detail the braces will be removed. This includes failure to keep teeth and appliances clean as damage to the teeth and/or gums will result.)
6. \_\_\_\_ Lengthening the time between appointments to get an afterschool, late in the day time (After school appointments are not guaranteed. This has to be taken into consideration before the start of treatment.)
7. \_\_\_\_ Rude and disrespectful behavior toward the staff and other patients. (We treat everyone at our practice with dignity and respect. We expect the same courtesy from our patients and other family members that come with them. Rude, loud and/or otherwise unacceptable behavior, in this office, will not be tolerated.)

To be reinstated as a patient at this practice, you must first contact the office to discuss these issues. If you feel you are not able to follow the guidelines set forth here, you are free to transfer to another orthodontist and we will gladly transfer your records.

I have read the above, received a copy and agree with the contents

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Patient/Parent's Signature

Date