111 Burch Court ~ Frankfort, Kentucky 40601

(502) 223-1671

[www.burchcourtdental.com](http://www.burchcourtdental.com)

Dr. William Renshaw Dr. Stephen Wix

Dr. Melissa Murray Dr. Christopher Byers Dr. Solitaire Wix

**Appointment Policy**

Thank you for choosing Burch Court Dental and for trusting us with your dental needs. Your time is extremely important to us and we value each minute you spend in our office. We strive to provide an excellent experience while you are in our care! Please understand, when we schedule your appointment we are reserving a time specific to you and your dental needs. We do understand there are occasions when an appointment must be missed due to emergencies or obligations to work or family. However, we do ask that you provide at least a 24 hour notice if you are unable to keep a scheduled appointment. The time that was reserved for you can then be offered to another patient and allow them to receive urgent dental care. If you are unable to provide a 24 hour notice, please call as soon as you can. If we do not hear from you to cancel or reschedule your appointment prior to your scheduled time, it is considered to be a No Show. A charge of $25 will be applied to your account at the provider’s discretion. This fee will not be covered by insurance. In the event of 3 or more no shows in a 12 month period, you may be dismissed from the care of Burch Court Dental.

Please contact our office as soon as possible to let us know you are running late for your scheduled appointment. If you are more than 10 minutes past your scheduled appointment time, the appointment may need to be rescheduled. This is to allow us to complete your entire scheduled procedure and ensure we do not run into another patients scheduled appointment. Other than in the case of a dental emergency, you can also expect us to be running on schedule. If we are running behind due to a dental emergency for another patient, we will be sure to inform you upon arrival.

**May we remind you of your scheduled appointments?**

Our office offers automated reminders prior to your scheduled appointments. Our calls include the name of our practice as well as the scheduled patients name and time of appointment. By signing this statement, you are authorizing our automated calling service to contact you at the number you provide and leave a message if you are not available.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone # May we leave a message? (Yes/No)

**Who may we share your information with?**

Many times, your family or friends will contact our office to schedule/change an appointment or inquire about your treatment or account. Our Notice of Privacy Practices prevents our office from discussing your treatment or account with anyone if you are over the age of 18. Below, please list names and relationships with anyone that you authorize our office to share information with. You may make changes to this information at any time in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and relationship to patient Name and relationship to patient

**Who may we contact in the event of an emergency?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and relationship to patient Phone #