



## OUR PURPOSE

To help people enjoy the rewards of optimum dental health.

## OUR GOALS

Provide the best dentistry possible.  
Treat everyone with respect and kindness.  
Educate ourselves, our patients, our community.  
Practice and promote prevention.  
Eliminate fear.  
Create a safe, fulfilling environment.  
Establish a Joint Venture Relationship

## OUR JOINT VENTURE RELATIONSHIP

We will make every effort to provide optimum care and we ask that you make every effort to maintain your result with excellent home care and return visits for continuing care in our office as requested.

We believe we have the obligation to provide you with an ideal treatment plan inclusive of comprehensive information to help you with your decisions and that you have the right to elect the dental treatment you desire in keeping with our guidelines and the standard of care.

## PROCEDURE

Once we have completed our initial examination inclusive of all record taking, we will inform you of our preliminary findings. Your treatment plan will be prepared and you are invited to return for a comprehensive consultation (approximately 1 hour) with our Treatment Consultant. Our findings, recommendations, concerns and ideal treatment recommendations will be discussed in full detail. Upon your request, alternate treatment plans which remain within the standard of care can be presented.

At the conclusion of this consultation, should you have additional questions or are unclear regarding your treatment recommendations, Dr. Sutton will personally address those issues with you

## TREATMENT GUIDELINES

Emergency treatment (pain relief), emergency x-rays and exam required.  
Diagnostic records, x-rays, examination, & consultation required.  
Infection control.  
Decay removal.  
Restorations (fillings).  
Periodontal (bone and gum) stability.  
Crowns, bridges.  
Removable appliances; partial dentures, full upper/lower dentures.  
Referrals to a specialist will be made as deemed necessary.

## INFORMED CONSENT

Informed consent represents the culmination of the process of developing a diagnosis and treatment plan for you. Only by having a solid diagnosis and realistic plan for treatment can we reliably inform you about the nature of the proposed treatment, benefits, alternatives, risks and potential consequences of not performing treatment. This process of informing you is intended to be a model for our Joint Venture relationship. We share our knowledge, findings and recommendations as part of a cooperative effort to help you achieve a healthy oral condition.

We will assist you in making an informed decision about proceeding with the proposed treatment or procedure by explaining:

The nature of the proposed treatment or procedure, including the cost and expected time for recuperation or healing

The benefits of the proposed treatment or procedure.

The most common and severe risks associated with the proposed treatment procedure, including the effect on your specific condition or needs as well as the possible need for further treatment.

Any reasonable alternatives to the proposed treatment or procedure, including the benefits and risks of each.

A copy of the informed consent discussion, along with copies of the specific informed consents that apply to your treatment will be given to you so you can review them in the privacy of your home. This way, you will have sufficient time to make an informed decision regarding your dental care.

## INFORMED REFUSAL

If you refuse the proposed treatment or procedure, we must inform you about the likely consequences and obtain your informed refusal.

We will present you with ideal and alternative treatments that are within the standard of care. Should you request treatment that would constitute substandard care I will be forced to formally withdraw as your dentist.

## POLICY

We anticipate written informed consent recommendation will eventually become mandatory. Therefore, we are implementing an informed consent policy prior to it becoming mandatory. Patients who accept treatment will be asked to sign an Informed Consent. Patients who decline treatment will be asked to sign an Informed Refusal.

## FEES

The cost for treatment will be presented by our Treatment Consultant. Financial arrangements will be prepared accordingly. Should you have dental insurance benefits, the Consultant will prepare an “estimated” anticipation of insurance payments for services to be rendered. Upon your request, we will secure a written pre-determination from your insurance company, however, in most cases this is not required. You are ultimately responsible for the entire fee. However, we will make every effort to assist you in obtaining the appropriate insurance payments by billing your insurance company and providing the insurance company with requested x-rays, documentation and/or inquiry response.

We do provide “signature on file” requests. In most cases, the insurance company will make the check payable to Wayne Sutton, DDS and mail it to our office. In some cases, the insurance company will only issue the insurance payment to you in your name. Such is the case with Delta Dental, therefore, we ask you to pay in full for your dental services at the time of treatment. We will process your insurance claims and Delta Dental will send the benefit check to you.

## RESERVED APPOINTMENTS

Proper dental care is only possible with the cooperation of both the dentist and patient. This requires the dentist to properly diagnose the patient’s condition and to involve the patient in making decisions about treatment. At the same time it requires the patient to participate in treatment decisions and to follow the dentist’s recommendations, which including returning for scheduled appointments.

We make every effort to accommodate you by scheduling the day and time you request. If you find that a reserved appointment is inconvenient for you, we ask that you give us TWO WORKING DAYS NOTICE. Our office is open Monday through Thursday. We are closed Friday through Sunday. Thus, if you have a reserved appointment on a Monday and it needs to be changed, we ask that you notify us on the Wednesday prior. With two days prior notice, we are able to make the necessary adjustments to accommodate other patients.

We understand that occasionally an emergency can arise that would force you to cancel your appointment with less than two working days notice. If this should happen, we ask that you notify us of the change as soon as possible. However, repeated short notice cancellations and/or failed appointments will force us to invite you to find a new dentist.

We value you and your family as our patients and welcome this opportunity to help you with your dental needs.