



Preliminary Acceptance Form

A brief examination of your mouth may reveal that you have conditions that may not be treatable at this clinic. Due to the fact that this is a teaching institution, our main goal is to educate Dental Residents; therefore, we may be able to treat only those conditions considered "Treatable." An additional, more comprehensive exam may reveal other conditions when more information is obtained.

We offer our patients a complimentary HIV mouth swab screening. If this screening is reactive, we would assist you in obtaining a confirmatory evaluation. (The result of this HIV screening does not determine your acceptance or denial as a patient to this clinic.)

Accept \_\_\_\_\_ Decline \_\_\_\_\_

It is extremely important that the Dental Residents obtain the maximum benefit from their time in the clinic. It is the policy of this clinic to dismiss any patient who misses or cancels more than 2 appointments without a full 48 hour notice. Failure on the part of the patient to confirm an appointment could result in loss of that appointment.

The patient (or responsible party) is responsible for all charges incurred for treatment, and must pay at the time of service unless financial arrangements are made prior to start of treatment. If at any time the patient (or responsible party) is unable to pay for treatment or maintain payments (as arranged), treatment will be suspended until the account is paid in full. If the account goes to collections, then treatment will be suspended until the account is paid in full and continued treatment will then be dependent on payment at the time of service.

If I, and/or my dependents are accepted for treatment at ISU Family Dentistry, I agree to follow the policies regarding my availability for appointments. I further agree to comply with the financial arrangements that I have made with the clinic regarding payment of the costs that have resulted from my treatment.

Signed By: \_\_\_\_\_

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

Parent/Guardian or Responsible Party