



PEDIATRIC DENTIST

ALEXANDRIA MERIANO[®] B.Sc. D.D.S.M.S. F.R.C.D. (C.)
CERTIFIED SPECIALIST TREATING INFANTS, CHILDREN & ADOLESCENTS

INFORMATION FOR NEW PATIENTS

Welcome to our office

The following information is provided in order to familiarize you with our routine first appointment procedures

1. A Parent/Legal Guardian (not a grandparent, baby-sitter, relative, etc.) is required to complete and sign the HEALTH HISTORY and CONSENT forms for your child's record.
2. Payment for services rendered is expected at the time of treatment. The fees charged may not be fully covered by your dental insurance. You are asked to provide us with a dental insurance form or third party payment information, if applicable. We will return your completed insurance form at each appointment, or at the completion of all treatment, as you prefer.
3. Your child will be introduced to the dental office environment, where a thorough age-appropriate clinical and radiographic examination will be performed. You are encouraged to accompany your child if you wish.
4. A treatment plan will then be developed for your child. If necessary, a predetermination form outlining fees for the recommended treatment will be prepared for you by our office for submission to your dental insurance company prior to the initiation of treatment.
5. Your child will be rescheduled for a cleaning/oral hygiene and consultation appointment approximately two weeks after the initial visit. This gives us an opportunity to discuss treatment options.
6. Treatment appointments will then be scheduled for your child such that the work can be completed as efficiently as possible.

We believe that service to our patients is at its best when there is complete understanding and mutual cooperation. If at any time you have questions regarding any treatment, fee or service, please discuss them with us promptly and frankly.