

FREEHOLD ORTHODONTICS

Specialists in Adult and Child Orthodontics

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Our Appointment Policy

One of our chief goals is to ensure that we respect your valuable time. We assume you will do the same and respect our time. In order to give you the best service possible we have set out the following appointment policy for your benefit.

Although no two cases are alike, appointments at the start of treatment are often lengthy. These appointments will be scheduled in the morning. During treatment some appointments may need to be scheduled during school hours but most will be in the afternoon.

We reserve early morning appointment, 9:00 – 9:45 as well as early afternoon appointments for short adjustments. The infrequent, longer appointments and repair appointments can only be scheduled during the later morning. Patients will not be seen on a 'walk-in' basis.

Appointments that are not cancelled with a 24 hour advance notice, along with failed appointments will carry a \$25.00 charge per missed/failed appointment time slot (per 15 minute time slot). Appliance placement appointments require a 48 hour advance notice. Therefore please make every effort to keep the appointment we schedule for you. Rescheduling failed appointments will be at the first available time in the morning, as the afternoons are filled with appointments previously scheduled several weeks in advance.

If there is a broken band, bracket, or wire, please call us ahead of time so that we are able to reschedule adequate time to correct the problem. If unplanned repairs are necessary, we will need to reschedule you for the extra time needed so that the next appointed patients are seen at their scheduled time.

Upon arrival, the patient is invited to sign in, brush their teeth and then be seated in the reception area to wait for their turn. Should you arrive late for your scheduled appointment, we may need to reschedule your appointment, so please call ahead if you cannot be here on time.

Your understanding in this matter is greatly appreciated. If sometimes it seems as though we are inflexible and unable to coordinate a particular appointment with your schedule, please remember that we are trying very hard to be on time and fair to all of our patients.

Thank you for your help, cooperation and understanding.

Signature _____ Date: _____
(Parent or Guardian if under 18 yrs. of age)