



1610 E CHEYENNE MOUNTAIN BLVD #120 CO SPRINGS, CO 80906 • 719.527.2626

Welcome to My Dental Company!

We are pleased that you have chosen our office for your dental needs. We are excited to begin our relationship with you. Because forming a great relationship means having good communication, we want to begin by reviewing some of our office policies.

- **Cancellation and Late Policy:**

Dr. Olson and his Team believe your time is important, and we work very hard to be on schedule each day. **Therefore, we ask all patients to be on time for reserved appointments.** Even 10 minutes can put us behind, and can affect all our patients for the day.

In addition, we ask our patients to provide us with 48 hours notice of any changes to your reserved time. If you cannot provide 48 hours notice, we ask for at least 24 hours notice. We reserve the right to charge \$25.00 per hour reserved for missed appointments.

- **Free Professional Teeth Whitening for Life**

We are pleased to offer a Free Whitening program to all patients of good record. Not every office offers this great program and we consider it a reward to our valued patients for maintaining great oral hygiene!

We want to reiterate the guidelines of this program to avoid any misunderstandings.

To qualify for the program, each patient must:

- Be at least 18 years old.
- Complete initial hygiene cleaning, x-rays, and doctor's exam, and return to our office for your recommended recare visit (3 or 6 month cleaning).
- Complete necessary dental treatment, such as areas of active decay.
- Arrive on time for your reserved appointments, and provide 48 hours notice of any changes.
- Have no outstanding bill or balance due with My Dental Company.

Upon your 2nd hygiene visit, if you meet all program guidelines, we can start your Free Whitening for Life program! Impressions are taken the same day and we will continue to provide refill gel at future hygiene visits as long as Free Whitening guidelines continue to be met.

Please read the Whitening Program Agreement that we have enclosed for complete details.

If you have any questions and any of these policies, please let any member of our team know.

Thank you so much for letting us serve you!

Dr. Doug Olson and Team

Patient or Responsible Party Signature

Date