

# SAWYER ORTHODONTICS

Dr. Amy Smith Sawyer  
216 W. 21<sup>st</sup> Avenue, Covington, LA 70433  
985-327-7181

## Office Policies

### Appointments:

We ask that you give us at least a **24 hour** notice of appointment cancellation. We understand that our clients have very busy schedules! If an appointment is missed, please be aware that we may not be able to reschedule the appointment for 2-3 weeks depending on availability. *If you miss more than 2 appointments without providing our office notice, a fee of \$25.00 will be charged to your account.*

Please try your best to arrive 5-10 minutes before your scheduled appointment. Our clients are our top priority; we need to stay on schedule in order to provide the best care to everyone! *Please understand that if you are more than 15 minutes late for your appointment, we may have to reschedule you in order to accommodate the rest of the day's schedule.*

### Emergencies:

Our website ([www.sawyerortho.com](http://www.sawyerortho.com)) provides an explanation of common situations that may arise over the course of orthodontic treatment, as well as some simple home remedies to try in the event of any minor discomfort. However, if you experience a true clinical emergency, please call us and we will be happy to take care of your orthodontic needs.

*\*We will do our best to accommodate your schedule if an emergency arises, but please be aware that we must also honor our regularly scheduled appointments. For this reason, peak times, such as afternoons and evenings, may not always be available for emergency visits!\**

*There is no charge for the 1<sup>st</sup> after-hours emergency; however, a fee of \$35.00 will be applied for any additional instances.*

### Relocation:

If a patient relocates to another area, requiring treatment to be transferred to another practice, our fees will be adjusted to reflect only the services that we provided.

*We appreciate your cooperation and the opportunity to treat you.*

*Thank you for choosing Sawyer Orthodontics!*

I understand and agree to adhere to the policies outlined above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_