



Akoya Pediatric Dentistry

15761 Sheridan St, Suite A, Southwest Ranches, FL 33331

(954) 799-6212

Office Policies

At Akoya Pediatric Dentistry, our main goal is to provide exceptional, personalized care to our patients. To do so, we require a few office policies to ensure we meet that goal each and every day. Please read through our office policies below. We are available to be reached via phone, email, text messaging, and via our website to answer all of your questions and to meet your needs. It is the responsibility of the parent/legal guardian to make sure that all contact information on file is up to date. Please make us aware of any changes as well as the best way to reach you.

Parent/legal Guardian Information

- Parents/legal guardians must show ID/appropriate court documents at initial appointment to keep on file.
- Parent/legal guardian must be present for each visit and remain in the office for the entire scheduled appointment.
- If another adult will bring your child to a future appointment, an authorization to treat form must be signed prior to the child's appointment.

Appointment Cancellation/Late Policy

- If you and your child will arrive late, please call the office to notify us of your estimated time of arrival.
- There is a 15 minute grace period for your child's appointment.
- If you are later than 15 minutes to your child's appointment, you may be asked to reschedule. When scheduling an appointment, there is an allotted time carved out for your child. We do not want to lower our standard of care if the time is cut short.
- Prior to your child's upcoming appointment, you will receive a verbal confirmation via phone call as well as a written confirmation via text message/email. We require at least 1 method of confirmation.
- If you do not confirm your child's appointment 24 hours prior to the scheduled appointment, it will be canceled.
- If your child's appointment is canceled less than 24 hours or if you fail a confirmed appointment the day of, you will be charged a \$50 no show/late cancellation fee to the credit card kept on file per child.
- If you cancel less than 24 hours or do not show up to a scheduled appointment three [3] consecutive times, our office, Akoya Pediatric Dentistry, reserves the right to not schedule future appointments.

We also ask that you please refrain from being on your phone so you can be fully engaged during your child's appointment. If you would like to take a photo of your child please ask staff prior to taking the photo to respect their privacy.

We understand the desire to take pictures or videos during your child's visit for memories and are happy to comply. We only ask that you inform us first so that the team does not appear in any recordings/pictures without their consent. In addition, we ask that you do not record or take photos during procedures.

I acknowledge and understand all office policies explained to me in this document. By signing below I am confirming my understanding and consenting to have my credit card on file charged for the reasons outlined above.

As a courtesy, the doctor will replace a lost or broken restoration one time within 90 days after treatment has been completed if the restoration is lost with "normal" use of the tooth. This one time allowance only applies if the child has been compliant with the care guidelines listed below. Restoring anterior teeth is complicated, technique sensitive and time consuming. If your child's tooth requires additional repairs or filling replacement, you may be responsible for the cost. If your child has had the tooth treated by a previous dentist, it is your responsibility to inform our office as insurance (if applicable) may not cover the cost of retreating the tooth and you will be responsible for any and all charges. If your child repeatedly loses the restoration, the tooth may require a full coverage restoration such as a crown or veneer. If the doctor feels that the treatment is needed, he/she will discuss it with you, and make a referral to a dentist who provides cosmetic dentistry.

Care guidelines

- Do not use teeth to open bags or containers.
- Avoid using the front teeth to break harder foods (raw carrots, apples, etc.)
- Wear a proper fitting mouth guard for any and all contact sports and activities.
- Use caution to avoid repeated trauma to teeth.
- Brush teeth at least 2 times daily and floss nightly to avoid future cavities.
- Provide a balanced, low sugar diet to avoid future cavities.

I have read the above information and have had the opportunity to ask any questions.

DRAW YOUR SIGNATURE INTO THE BOX BELOW *

Clear

RELATIONSHIP TO THE PATIENT

NAME IF NOT THE PATIENT

DATE

Patient Photo Release Form

PATIENT FIRST NAME

PATIENT LAST NAME

I, hereby authorize this Dental Office, or any of their assignees to take photographs, slides, and videos of my teeth, jaws, and face. I understand that the photographs, slides, and videos will be used as a record of my care, and may be used for communication with other healthcare professionals, educational publications (dental journals), and education lectures. The content may also be used for advertising purposes (including website publication, Facebook posts, Instagram, etc).

I further understand that if the photographs, slides, and videos are used in any publication or as a part of a demonstration, my identifying information (first name only) could be used unless stated differently below. I do not expect compensation, financial or otherwise, for the use of these photographs. If I wish to revoke this consent, I may do so in writing.

PLEASE CHOOSE ONE *

- ☐ I do not mind if my photographs are used in any of the above situations.
- ☐ I only agree to have my teeth shown without any identifying features.
- ☐ I do not agree to have any photographs taken.

DRAW YOUR SIGNATURE INTO THE BOX BELOW *

Clear

DATE *

04-29-2025