



# Edna Faye Kemp, DDS

FAMILY DENTISTRY

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*Trust us with your smile!*

## Office Policy

1. Before treatment can be rendered, adequate radiographs of the teeth and mouth must be taken.
2. Payment for professional service is required on the day treatment is rendered. With prior approval, on certain extended procedures, additional financial arrangements may be made.
3. Please give at least 24 HOURS notice if you cannot keep your appointment. After two incidents of failure to make appointments, a patient will become a Call-In-Patient.
4. If the procedure is a Crown, Bridge, Implant, Partial or Denture appointment, give at least 48 HOURS notice.
5. We try to be on time, so we ask the same of the patient. Anyone arriving for an appointment 15 or more minutes late will be asked to RESCHEDULE.
6. If you fail to show up for an appointment without proper notice, you will be CHARGED A \$30.00 BROKEN APPOINTMENT FEE.

## Permission for Treatment and Promise of Payment

This certifies that I, the undersigned, consent to the performance of any and all procedures, and the use of any and all drugs that are agreed to be necessary or advisable.

I also agree to full responsibility for the payment of all fees associated with those procedures and all costs incurred in the collection of those fees.

Signed \_\_\_\_\_

Date \_\_\_\_\_