

**ISAI FISHKIN D.D.S., P.A.**

**RACHEL MANDEL D.M.D.**

Comprehensive Dental Care for the Entire Family

213 Summit Road • Mountainside, NJ • 07092

(908) 654-7979

[Isaifishkindds.com](http://Isaifishkindds.com)

---

## **1. Notice of Privacy Practices- Patient Acknowledgement**

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment. I understand that this practice reserves the right to change the items of the Notice of Privacy Practices, and to make changes regarding all protected health information as, or controlled by, this practice. If changes to the policy occur, this practice will provide me a revised Notice of Privacy Practices upon my request.

## **2. Cancellation and No Show Policy**

In order to be fair to our loyal patients, who are waiting for sooner appointment times, any appointments that are broken or cancelled without the required 24-hour notice will incur a \$75 per half hour of scheduled time. ***We understand emergencies do sometimes occur.*** We ask that you notify us as soon as possible, so they can be taken into consideration.

## **3. Consent for Treatment**

I, hereby authorize doctor designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate to make a thorough evaluation and treatment recommendation. Upon such a diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistants as required to provide proper care. I agree to the use of anesthetics, sedatives, and other medications as necessary. I fully understand that using anesthetic agents embody certain risks. I understand that I can ask for a complete description of any possible risks.

Patients Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_