

# Willow Tree Dental Group

317 W. Cherry Ln | Meridian, ID 83642 | (208) 888-2055  
5898 S. Quamash Way | Boise, ID 83716 | (208) 395-1000

## NOTICE OF STANDARD OF CARE POLICY

Patient: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

NEW PATIENT

ESTABLISHED PATIENT

### NEW PATIENT STANDARD OF CARE

#### FOR INITIAL COMPREHENSIVE APPOINTMENTS

- Comprehensive exam.
- Probing.
- X-rays.  
If the following have been taken at another Dental office within the previous three years, patient may arrange for transfer of the films to our office.

*ADULT (patient with permanent teeth).*

- Full mouth series of x-rays (18 films).
- Panorgraphic x-ray.

*CHILD (patient with permanent and primary teeth).*

- Two to four bitewing x-rays.
- Panorgraphic x-ray.

- Oral hygiene screening
- If it has been a year or more since the patient's last cleaning, a cleaning appointment will be scheduled as appropriate to the patient's dental health status.\*

#### **INSURANCE NOTICE:**

Insurance policies vary in coverage. By signing below, I understand that I will be financially responsible for any fees associated with services rendered by Willow Tree Dental Group that are not covered by my policy.

\*A patient with a history of routine cleaning appointments and has had a cleaning within the last year, the cleaning is to be performed at the time of the initial appointment (unless the patient's dental health status indicates otherwise)

#### FOR LIMITED APPOINTMENTS (for tooth ache or other problems/concerns)

- Limited exam specific to the acute or immediate problem/concern.
- X-rays appropriate for diagnosis
- Provide patient with appropriate treatment plan and financial arrangement (if needed).
- Schedule treatment and/or follow up appointment(s).
- Referral to a specialist (if necessary).

### ESTABLISHED PATIENT STANDARD OF CARE

Established patient care will follow that of Willow Tree Dental's new patient standard of care. X-rays (as outlined in the new patient standard of care) will be taken every three years, unless otherwise warranted for appropriate diagnosis and treatment.

Established children:      Prophyl/exam every 6 months  
   Flouride every 6 months  
   2-4 bitewing and occlusal x-rays every 6 months

Patient /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_