

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

EFFECTIVE: November 1, 2017

**FDOH BAY COUNTY CHILDREN’S DENTISTRY CLINIC
BROKEN APPOINTMENT POLICY
All Patients Must Read & Sign**

Florida Department of Health Bay County Children’s Dentistry Clinic strives to improve the oral health of our many patients through effective appointment utilization policies. Below is very important information regarding our policy.

- A **“BROKEN” Appointment** – Means the patient *fails to show up to a scheduled appointment on time & failed to give 24-HOURS advance notice of cancellation prior to time of scheduled appointment*. You may call 850-481-4713 and leave a message on the 24-hour message line *or* you may call during office hours to reschedule appointments.
- **It is our hope that there will be no broken appointments** so that all limited and valued appointments can serve patients waiting and needing dental care. All broken appointments will be noted in patient record.
- **There are shared consequences for broken appointments:**
 - Our dental clinic policy states that if a patient has **two broken appointments within a year**, there will be a **six month waiting period to be eligible for dental care** in our facility
 - Our dental clinic policy further states that if a patient has **three broken appointments within a year**, there will be a **one year waiting period to be eligible for dental care** in our facility.
 - A patient late 15 minutes or more, may not be seen that day and could be considered a “broken appointment”
 - **Broken appointments hinder us in our mission to serve as many children as we can** that need important preventative and restorative dental care. We are concerned that broken appointments and need for policy enforcement will result in **delayed dental care for the patient which is NOT something we want to occur** but have limited and valued appointments available.
- Please ensure we have correct contact and alternate contact information for calling, email and texting. **Our system will text and email reminders 2 days before the appointment to the cell phone number you listed. You can confirm the appointment by typing “Confirm” in the text message or press the confirm button in the email.** Please note that it is ultimately the patient’s (or parent’s) responsibility to keep appointments.
- Please ensure that if alternate contacts or persons are authorized to be called or accompany patient at appointments, that we have this information and authorization.

Parent or Guardian Statement: I have read and understand the above Appointment Policy and have given up-to-date phone numbers so I can be contacted for reminder and confirmation calls.

Printed name of patient or parent/guardian: _____

Signature of patient or parent: _____ Date: _____

Updated November 1, 2017/June 2018

PLACE PATIENT LABEL HERE