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Welcome to our dental practice. We are a family based and cosmetic dental practice. We are looking forward to meeting you, your family and caring for your dental health. Please review the Patient-Doctor Partnership below.

Patient Responsibilities:

- Ask questions, share our feelings and be part of your care
- Be honest about your history, symptoms and other important information about your health.
- Tell us about any changes in your health and wellbeing.
- Take all medicine and follow your doctor's advice
- Make health decisions about your daily habits and lifestyle
- Prepare for and keep scheduled visits and reschedule visits in advance whenever possible.
- End every visit with a clear understanding of your doctor's expectations, treatment goals and future plans
- Know your insurance benefits and ask questions if you need to regarding copayment and coverage.

Doctor Responsibilities

- Explain all diagnosis and treatment in an easy to understand way
- Listen to my patient's feelings and concerns, and help them make decisions about their care.
- Provide access to 24 hr care and same day appointments whenever possible.
- To care for you to the best of my ability based on my understanding of the most current dental methods available.
- Give patients clear direction about medicines and other treatments
- Send my patients to trusted experts when necessary.
- End every visit with clear instructions about expectations, treatment goals and future plans

Please be advised that all copayments are due at the time of service. A finance charge of 1.5% per month will be added to all unpaid balances.

We do value your time and you may expect us to be on time with your appointment. We will expect and appreciate the same courtesy. Occasionally emergencies do interrupt our regular schedule of patients.

If it is necessary for you to reschedule an appointment we require 48 hours notice so that the time reserved for you may be utilized by someone else.

We look forward to seeing you.

Sincerely,

Jeffery Van Hook, D.D.S.

Patient/Guardian Signature: _____