

Twin Cities Campus

Division of Oral and Maxillofacial Surgery  
School of Dentistry

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### Patient Responsibility Contract

#### ***Appointment Cancellation Policy***

If you are unable to keep your scheduled appointment you must give us at least 24-hour notice so that another patient may use your time.

Established patients who arrive more than 15 minutes late will be rescheduled.

Established patients who miss an appointment without giving a 24-hour notice will be unable to reschedule for thirty (30) days.

Patients who miss a second appointment without giving a 24-hour notice will be unable to reschedule for three (3) months.

Established patients who miss a third appointment will only be seen in for emergency dental work performed at this clinic.

#### ***Patient Behavior Policy***

As a dental clinic our ultimate goal is to provide the highest quality health care to our patients. As a part of that goal it is also our responsibility to maintain a safe and professional environment for our patients, staff, and visitors. Therefore, we reserve the right to refuse treatment to any person who compromises our ability to provide safe and effective care.

Patients are responsible for being respectful of clinic personnel and other patients as well as clinic property. Disruptive and disrespectful conduct will not be tolerated in our clinic area. This includes, but is not limited to:

- Verbally abusive, disrespectful behavior, and inappropriate or sexually suggestive comments
- Obstructive behavior that compromises the safety of others
- Violence or any form of aggression

Patients will be reminded to be respectful and discontinue any unruly conduct. If the disruptive behavior persists patients will be dismissed from the dental clinic.

By signing this document, I acknowledge that I have read and understand the terms of both the University of Minnesota Physicians Dental Clinic Cancellation Policy and Patient Behavior Policy. I agree to the terms above and have had the opportunity to receive a copy of this policy for my records.

Patient Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Patient Signature \_\_\_\_\_