



Back Mountain Dental
JAMES C. DEFINNIS, DMD

Welcome to our family of fine patients. We look forward meeting you at your appointment. We would like to take this opportunity to let you know how pleased we are that you have chosen our office for your dental care. It will be our privilege to serve and provide you with the best possible care. We strive to continually update our equipment, techniques and knowledge in order to accomplish this goal. To learn more about us, please visit our web site at www.BackMountainDental.com.

At your first visit we will examine your gums, soft tissue and teeth. We also routinely check for oral cancer. We may take x-rays to check conditions not visible to the naked eye. We will give you a complete report on our findings and suggested treatment, if any is necessary. We will take as long as needed to explain these findings and answer all of your questions and concerns.

Enclosed are four forms that we would appreciate you filling out, signing and bringing with you to your first visit. This will allow us more time to provide you with the very best of care.

- The first form is your registration form requesting general information, such as your date of birth, phone numbers, insurance information, etc. The lower portion of that form is your medical health questionnaire. If you have any current medical problems, we will work with your physician so that all procedures are consistent with your overall health needs. We always need to be aware of any medications you are taking and your purpose for taking them, so we may adapt our treatment recommendations accordingly. And don't forget to review the back of the form and sign it.

- The 2nd form is the HIPPA privacy form. Please *print, print, sign and date* it.

- The 3rd form describes our financial policies and you will notice that we have a variety of ways to make your necessary treatment affordable for you.

- In accordance with the new federal regulations to protect against identity theft we also ask you for a form of photo identification upon arrival to our office when seeking care for yourself and/or your dependent child. A valid driver's license is the preferred method of identification.

Should you need to change/cancel your appointment; changes require a **48** hour notice (M-Th 9-5pm) in advance otherwise a no show fee of \$25 will be imposed. By giving us adequate notice, we may be able to give another patient the courtesy of a sooner appointment. We make every effort to remind patients of their appointment at least two days in advance. This is done as a **courtesy only**. Patients are ultimately responsible for remembering to keep their appointments.

If you have any questions, please feel free to contact our office 570-696-1105. The staff will be happy to assist you. Thank you for choosing Dr. James DeFinnis as your dentist.