

**SMILE ENVY**  
**MARIO FRANGISKOU, D.M.D**

Dear Valued Patient,

**Our mission as a dental team is:** To meet the individual needs of each patient by delivering the absolute best care that our team can in order to attain our patients' optimal dental health. To continually educate ourselves and our patients to the current concepts of dentistry and how it relates to their overall health and quality of life. To earn our patients' respect, admiration and appreciation for us as a team that is committed to person and professional excellence.

**Your commitment and cooperation are necessary to accomplish this mission.**

1. It is critical to maintain your recommended dental schedule in order to avoid setbacks in the care and maintenance of your teeth and gums. We make every effort to reserve the appropriate amount of time dedicated to you.
2. Missed appointments and failure to comply with recommended treatment schedules prevent us from achieving the goal of your optimal health. A broken appointment also prevents other patients from receiving necessary care and increases the cost of delivering care for everyone. We ask that you make every effort not to change or break a reserved appointment. If you must change your appointment, we require a minimum of **48 hours' notice or a \$75.00** charge will be applied to all broken and missed appointments without 48 hours notice. If you are more than 15 minutes late, you will be asked to reschedule your missed appointment.
3. We run a Zero Balance office. We expect payment or co-pay in FULL prior to or at the time treatment is provided. **Tina or Marisa** can assist you with any further questions. We also offer Care Credit as a payment option.
4. We strive to eliminate all of the potential dental emergencies you may have by providing care for you before it becomes a problem. In the rare instance that you

do have an emergency, please try to be as specific as possible when you are explaining your emergency to our dental team. We will provide you with the next available dental appointment.

5. Our goal is to make your experience in our office an exceptional one. When we succeed, we would appreciate you telling your family and friends about us. If your visit with us did not meet your expectations, please tell us. your opinion matters and helps us determine the areas where we are doing well and where we can improve.

**I Greatly Appreciate Your Cooperation.**

Yours in Health,

*Mario Frangiskou, D.M.D*

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**Print Full Name**

**Sign Full Name**

**Date**