## Terms and Conditions

The enclosed treatment plan is personal to you and is a record of the dental treatment you require, as discussed at your consultation. Your treatment plan includes what we intend to do for you, which teeth the treatment involves and how much it will cost.

Any treatment plan cost estimates are valid for 3 months from the date on this plan. Should a feeincrease occur within this period, we will honour the quoted amount as long as you start yourtreatment before the three months are up.

Dental treatment is sometimes complicated and the mouth is a constantly changing environment. Sometimes it might be necessary to change the plan according to your treatment need. This mayalso alter the cost of the treatment plan. Should this happen, we willinform you of the reason and explain the changes at the earliest opportunity.

You are entrusting your dental health to Smileworks. We must also be able to trust you with yourteeth. You must comply with all reasonable requirements set out by your dentist or therapist in orderto improve and maintain the health of your mouth and facilitate your treatment. This will include, but is not limited to, oral hygiene, diet and sugar intake, smoking cessation and drugs or alcoholintake in order to make sure that the outcome of your treatment is of the high standard thatyou expect from Smileworks.

We also require you to turn up for your appointments with time. We allocate time for our patients to receive the treatment they need, and we do not rush. This means that if you are running lateyour dentist may feel they need to reschedule your appointment to allow the appropriate time foryour treatment and give you the best possible care.

Our appointments require either payment up front or a deposit for the part of the treatment you areto receive at your next visit. This makes sure that you are just as committed to us as we are toyou, and that we have only patients who are serious about excellent dental treatment here at Smileworks. Deposits for appointments vary depending on the length and complexity of yourtreatment.

If you are unable to attend your appointment with us you must give us 24 hours notice. If you failto do so you will be charged or you will lose your appointment deposit. Should you fail two appointmentswith us in a treatment course, we reserve the right to reassess your commitment to usas a patient and it may be necessary to discharge you from our service. We are an extremely busypractice and failure to attend or give enough notice could mean we are unable to offer our highstandard of service to another patient.

During your treatment you may be asked to read and sign further consent forms. These will relateto specific parts of your treatment, which may be made up of different disciplines in dentistry. Wewill always inform you about all the risks and benefits of the proposed treatment so it is essentialthat you read these carefully and ask any questions before commencing with that part of the treatment. Our wonderful team are great at explaining and will help you with any questions you mayhave.

Our work is guaranteed for 1 year from the day of fitting and will cover failure of restorations (filings) and laboratory work such as crowns and bridges. The guarantee does not include failure due to lack of proper cleaning and home care, breakage due to trauma, inappropriate use or deliberatedamage, new decay, gum recession exposing edges of crowns/bridges, periodontal (gum) diseaseor habits such as nail biting. Certain implant and braces treatments at Smileworks will carry different guarantees and this will be discussed with you if they are included in your treatment plan.

Work will only be guaranteed if you attend Smileworks for your regular dental check-ups and hygienevisits as prescribed by your treating practitioner.

You must pay your fee when your treatment (or each part of your treatment) starts. You shouldensure that you have made appropriate financial arrangements to cover all of your treatment priorto the start of the treatment plan. Should you require information about dental financing, we will behappy to help you and arrange this for you. There is a 14 day "cooling off period" between the finance agreement and the start of your treatment. Should your circumstances change during thecourse of your treatment and you are not able to settle your fees, please let us know as soon aspossible. Should you fail to settle your fees with us in a reasonable time it may become necessaryto pass your debt to a collection agency. In the event that your treatment has been paid for butcannot be completed by you or your dentist, any credit remaining will be refunded to you.

As a patient of Smileworks, it is your duty to update us on any address or telephone number

changes. We will ask you to periodically update your medical history form with us. This is a legalrequirement and you must answer every question truthfully in order for us to care for you safely.

We take clinical photographs as part of our diagnosis and treatment process. These are the propertyof Smileworks and may be used for education and marketing. We will always endeavour toanonymise photographs so that you cannot be recognised.

You can expect to be met with the utmost courtesy and warmth at Smileworks. Our team are alwaysready to help you with anything you may need and will work very hard to make sure you arehappy and looked after. Should you decide that you want to be rude or abusive to them, you willbe shown the door.

Dental treatment is stressful for some patients, and we try and keep things at Smileworks as calmas possible so that patients have a great experience and clinicians can focus and deliver the highstandard of treatment you expect of us. Please be considerate to other patients and make surethat any children accompanying you are well behaved.

Accepting the accompanying treatment plan implies that you have read, understood and acceptthe above terms and conditions and the enclosed schedule of fees. Should you have any questionsregarding your treatment please make sure that you ask them before commencing yourtreatment - we will be happy to answer them for you.

We are delighted that you have chosen Smileworks for your dental treatment and we look forwardto starting your journey and being with you every step of the way to your perfect smile.

smile.	
Patient:	Signature:
Date:	