



DEPOSIT CONSENT FORM

Thank you for choosing Proactive Perio for your periodontal treatment needs.

In order to secure an appointment for treatment with Dr Christopher Barker we require a 20% deposit upon making your appointment.

This deposit, should you choose to proceed with treatment, will be deducted from your total account upon completion of your treatment.

We understand that things happen and schedules do change, but should you fail to attend or cancel within 72 hours of your scheduled appointment time, the fee will be absorbed by the practice in order to cover any overhead losses.

By signing below, you agree to the above-mentioned policy.

Patient (print and sign name)

Date

Doctor (print and sign name)

Date

We look forward to seeing you and we appreciate your understanding in this matter.

Yours sincerely,

The team at Proactive Perio