



## **Our Guarantee- Mutual Responsibility**

### **1. We guarantee that you will be seen on time, every time**

- You will be seated within 10 minutes of your appointed time. This 10-minute window is to allow for the normal “comings and goings” of an orthodontic office.
- *Late arrival for an appointment*- no guarantee that you will be seated within 10 minutes, but we will do our utmost to seat you promptly
- *Early arrival for an appointment*- seating based on appointed time
- We ask all patients to respect our time by arriving on time and by avoiding last-minute cancellations and “no-shows.”
- All times and dates will be based on the times and dates shown in the computer system of Garn and Mason Orthodontics.
- If we fail this guarantee, your time will be honored with a gift card

### **2. We guarantee that you will get the best possible smile, or your money back**

- We will do our best to understand your treatment goals, describe your options, and then to formulate a plan to achieve your desired results.
- We will do our best to describe any limitations in your treatment. Factors such as abnormal jaw growth, dental anomalies, abnormal patterns of tooth development and eruption, missing teeth, discolored or damaged teeth, etc. can often limit the achievable goals of orthodontic treatment.
- We will take the time to explain your treatment and answer any questions you have before and during the treatment process.
- Treatment outcome is most drastically affected by patient cooperation. This cannot be understated. In cases where compliance with appointments or treatment instructions is less than ideal, it is often impossible for us to provide your desired result. If the case arises where lack of compliance is limiting your desired treatment result, we will promptly bring this to the attention of both the patient and their responsible party (if applicable). In the rare case where compliance cannot be achieved and maintained, a less-than-ideal treatment outcome may result and our guarantee cannot be in effect.
- You will be given formal opportunities to discuss with our doctors any concerns you have regarding treatment. In addition, we are always happy to discuss any concerns, answer any questions, or update your treatment progress at any time.
- If you are not completely satisfied that you have achieved the best possible smile, and you have complied with the mutual responsibilities as detailed above, we will be happy to refund your money.

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Patient

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Patient Signature

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Date

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Responsible Party (if applicable)

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Responsible Party Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Doctor

\_\_\_\_\_

Date