



WASHINGTON SQUARE DENTAL GROUP

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Office Policies

Welcome to Washington Square Dental Group. We are committed to providing the highest quality dental care in a friendly and comfortable environment. To help ensure a smooth and efficient experience for all our patients, please review the following office policies.

- Appointment Scheduling
 - We will confirm your appointment 48 hours in advance via phone or email. If you do not confirm, we may not be able to hold your scheduled time.
 - If you arrive late to your appointment, we may need to reschedule to accommodate other patients.
 - We require at least 24 hours' notice to cancel or reschedule an appointment. Cancellations with less than 24 hours' notice may incur a cancellation fee.
 - Failure to show up for an appointment without prior notice will result in a no-show fee. Repeated no-shows may result in termination of the patient-provider relationship
- Radiograph Policy
 - In accordance with American Dental Association (ADA) guidelines, patients are typically recommended to have annual radiographs (X-rays) as part of their preventive care. These radiographs help identify potential issues not visible during a regular dental exam, such as cavities between teeth, bone loss, and other hidden problems.
 - New Patients
 - For our doctors to maintain your comprehensive oral health, a recent, diagnostic full mouth series of radiographs and annual examinations are necessary.
- Dental Exams
 - It is our policy that all patients have a dental exam with the doctor at least twice per year (every six months). These exams allow us to monitor your oral health, detect early signs of dental problems, and perform an oral cancer screening.
- Acknowledgement of Office Policies
 - By scheduling an appointment with Washington Square Dental Group you agree to abide by our office policies.

Thank you for choosing Washington Square Dental Group for your oral health care needs. We look forward to serving you and ensuring that your dental care is as comfortable and efficient as possible.

I understand and agree to the policies above:

Patient Signature

Date