

Steinwedel Dental Associates, P.C.

Comprehensive & Restorative Dentistry

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Our Three Commitments to You

A commitment between two people builds trust. We have three important commitments in our practice. We realize that the institution of these written commitments may be different from what you may have been accustomed to in other dental practices; however, we believe that these commitments are important.

COMMITMENT TO TREATMENT: Most dental disease is nearly 100% preventable. We will deliver the best dental care that we are capable of delivering to you, and we ask that you care for your oral health on a daily basis by learning and implementing optimal oral hygiene practices. We also believe that all treatment begun should be completed because incomplete treatment leads to more advanced disease, unnecessary added cost, and can lead to communication breakdown. We understand that you likely wish to keep your oral health in optimal condition so that you will require as little disease treatment as possible. Help yourself achieve that goal by following through with your dental plan.

COMMITMENT TO APPOINTMENT: We will reserve time especially for you in our schedule. We will give you our utmost attention and care and will make every attempt to minimize waiting. An appointment scheduled in our office is a bond of trust that our team is here to serve you and that you will be on time and prepared.

COMMITMENT TO FINANCIAL CONSIDERATIONS: We believe that we have a responsibility to use our best professional care, skill, and judgment in helping you achieve your oral health goals. We will deliver the best dental care that we are capable of delivering, using the highest quality materials, to help you attain your goals. It is up to you to make financial arrangements with our practice to pay for these services.

Note that from time to time there may be photos taken of my teeth or face for diagnostic or educational purposes which may be shared professionally. My signature here indicates consent for photos.

Signed: _____ Date: _____
(Patient or Guardian)

Signed: _____ Date: _____
(Team member)

