

# WILLIAM E. LARSON, D.M.D.

AERO DENTISTRY

3755 Murphy Canyon Rd #D  
San Diego, CA. 92123  
Tel: (858) 277-2999  
Fax: (858) 277-3086

Family  
General  
Cosmetic  
Restorative

## Welcome to our office

**Hours:** Our office hours are Monday thru Thursday 8:00-5:00 and Friday 8:00-1:00. We try very hard to meet all of the needs of our patients and to accommodate them. If you should have any special needs. Please ask us and we will do our best to work with you.

**Appointments:** Your appointment is prearranged. Your appointment time is reserved exclusively for you. Failure to keep your scheduled appointment or cancel your appointment with less than 24 hours may result in a \$50.00 surcharge. When you cancel appointments with reasonable notice we can better accommodate other patients.

**Payment:** Our office policy is that payment is due at the time services are rendered. By not having to bill we can keep our costs down and pass that savings on to our patients.

**Insurance:** As a courtesy, we will be happy to bill your insurance for you. If you have a dental insurance company for which we are a participating provider your **estimated** co-payment and/or deductible is due at the time of service.

**Patient Privacy:** Our office makes every effort to maintain patient privacy. Our staff is trained using the HIPAA guidelines on the most effective way of maintaining our patients most private and personal information. If you have any questions or have not received your copy of the "Notice of Privacy Practices" please ask to speak to Jean, our privacy officer.

**Medications:** Prescriptions and refills will be considered during office hours only. This helps us keep accurate records of medicine consumption to be maintained in the patient chart for review by the State Pharmacy Review Board. This also allows us time to verify the accuracy of your prescription. Due to the State Pharmacy Regulations, refills will not be provided to any patients who have not been seen in this office for more than six months.

Again, we welcome you to our office. Please feel free to ask any of us any questions that you may have.

A copy of the "Notice of Privacy Practices" was provided to me on this date \_\_\_\_\_ Int. \_\_\_\_\_

A copy of "The Dental Board of California Dental Materials Fact Sheet" was also provided to me on this date \_\_\_\_\_ Int. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_