

**G. Robert Marye, DDS, PA
Smiles of Texas A Family Practice**

Comfort

We want to make your experience with our office as pleasant as possible. Please select from the items below to let us know how we can make you more comfortable during your dental visit.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Pillows | <input type="checkbox"/> Blanket |
| <input type="checkbox"/> Headphones | <input type="checkbox"/> Lighting (close blinds) |
| <input type="checkbox"/> Nitrous | <input type="checkbox"/> Bottle of Water |
| <input type="checkbox"/> Other _____. | |

Reservation Agreement

We realize you have many choices when it comes to your dental care. We strive to provide you with the best dental care available and hope that you know your appointment is a reservation of time set aside just for you.

We require a 24 hour notice if you need to change your appointment. We send e-mail notifications and we call to remind you of your appointment the day before your reservation. If there is a conflict in your schedule, please let us know at that time so we will have the opportunity to give the appointment time to another patient.

If you cancel your reservation with less than a 24 hour notice or fail to show for your appointment, you will be charged \$30.00.

If you are more than 15 minutes late for your appointment, we will need to reschedule your appointment.

We understand there may be extenuating circumstances. It is up to our discretion to take those into consideration.

Thank you very much for your understanding, cooperation, and patronage.

Dr. Marye and Staff

Patient Signature _____ Date _____
Printed Name _____ Staff Initials: _____