

Patient commitment agreement

We pride ourselves on making you feel comfortable when you visit our Spa and when we are communicating with you, whether in written formats or in person. We have very high expectations of ourselves as a team to get everything right for you. We may on occasion do or say something that does not sit right with you. We learn from any miscommunications and in return we ask the following of you:

TEAM MEMBERS

- All our team members are to be treated with respect.
- We ask you not to raise your voice to any team member.
- Aggressive swearing is not permitted towards any team member.
- Our team members will use your name to address you at all times, please make sure that you introduce yourself in the way you wish to be addressed.

Patient's initials:_____

YOUR VISIT

Be prepared to be open and honest about your teeth and your smile, the more information we have to work with, the better this allows us to work together in supporting the health of your mouth and smile.

Patient's initials:_____

Form filling is a requirement of the regulatory bodies that we work under. You will be asked for completion of your medical history status at every visit to the practice and all form updating is mandatory. If you are unable to fill out forms will mean your appointment will be rearranged. Additional forms that will need updating regularly so they are a live document are the COVID 19 status completion, confirmation of your details, contact information and a communication consent form to cover GDPR.

Patient's initials:_____

If treatment is required, you will be provided with a treatment plan containing relevant consents, associated risks and clinical guarantees. You will be expected to clarify your understanding of your treatment before you sign. Your signature on these forms signifies that you understand your treatment options and that you confirm that wish to undertake dental treatment at Peacock Dental Spa.

Patient's initials:_____



You agree to be on time for your appointments. Please allow time for parking and/or mandatory form filling. We recommend you aim to arrive ten minutes before your appointment is due. We are an on-time practice and we guarantee to see you on time. If you are late then your appointment may have to be re-arranged and you will still be charged for lost clinical time.

Patient's initials:_____

It is our practice culture that all patients will make a reservation payment/payment on account for any dental appointment that is booked into any of our clinical diaries. This will vary on the amount of time and the dental treatment that you wish to book. If, at any time, your balance is below zero, then you are aware and agree to pay immediately.

Patient's initials:_____

You will have an allocated amount of time for every appointment. However, we know and appreciate that sometimes we need longer with you to either communicate with you or to carry out alternative treatment if unexpected alterations occur to the treatment plan. If these circumstances do happen then we will explain that our time is finished today and further appointment time will be given in order to for us to complete your treatment. Depending on the circumstances, these additional appointments may carry an additional fee.

Patient's initials:_____

If you fail to attend any appointment that you have reserved in the diary then you will forfeit your reservation fee that you have made for lost clinical time. We have an appeals process for exceptional circumstances. You are able to re-arrange any appointment by giving the Dental Spa a minimum of 48 hours' notice for your reserved appointment. Please try to give us more time for appointments on Mondays and Tuesdays.

Patient's initials:_____

We ask that you communicate freely with us. Feedback is very important to us. We will ask you if there is anything we could do differently for you next time. Positive or negative feedback is our way of knowing from you what is successful, to thank our team, or to work on areas in order to grow and develop our communication services with you.

Patient's initials:_____

THE CLINICAL TEAM

Our clinicians are not available at any time to speak with. Our patient care team are trained to understand, listen and guide you on any concerns you may have about your teeth and smile. If a call or visit is required with a clinical team member, including the dentists, then a chargeable time will be arranged for you to have this discussion.

Patient's initials:_____

We guarantee our recommended treatment options. These will be explained to you by our clinicians. If you decide to have a treatment option that is not recommended then we cannot guarantee success, this may lead to you being disappointed with the long-term outcome.

Patient's initials:_____

Preventative dentistry is at the heart of our practice. We want to make sure that any dentistry we provide for you is on a firm gum health foundation. If you have gum disease then there will be a requirement from you to take on board education and treatment in order to have healthy gums. We reserve the right to refuse any treatment if gum health is not optimal to guarantee treatment success.

Patient's initials:_____

Expectations are so important and managing expectations of what can be achieved for you is at the heart of our care. It is not often that we say that we are not the right practice for you, but there are always occasions that a referral or seeking dental care from another dental practice is the right recommendation for you. We will always be honest and open with you if we are unable to achieve the outcomes that you are looking for.

Patient's initials:_____

COMPLAINTS

Please don't be shy about raising a complaint if you are dissatisfied with the service you have received. In our experience, the sooner a complaint is raised, the better. The longer the issue is allowed to 'fester', the less the likelihood of a satisfactory outcome. Our aim will always be to resolve this with you amicably and as quickly as possible.

It is a requirement of our registration with our governing body that we must have an effective complaints procedure, and as a new business, it is important for us to handle complaints well.

You may complain in writing to our email address (hello@peacockdentalspa.co.uk) or you can call our patient care team who will listen to, and acknowledge, your concerns.

A full complaints procedure is available on our website or on request at the practice and we request that this is followed.

Patient's initials:_____



By initialling all paragraphs, signing and dating this document you are stating you fully understand and are agreeing to abide by our patient commitment agreement. These terms also apply whenever you book an appointment at our practice.

Patient's signature: _____

Patient's name: _____

Date of signing: _____