# HAWTHORN WOODS FAMILY DENTAL CARE
## AND ORTHODONTICS

JOHN C. EDGAR, D.D.S., F.A.G.D.
JEFFREY COPELAND, D.D.S.
SHAUN VARGHESE, D.D.S., M.S.

*"Caring dentistry for a lifetime of beautiful smiles"*

MEMBER:
- Fellow Academy of General Dentistry
- American Dental Association
- Illinois Dental Society
- Chicago Dental Society
- American Academy of Implant Dentistry
- Dental Organization for Conscious Sedation

EXPERT, GENTLE CARE FOR ADULTS & CHILDREN
- Thorough exams and gentle, ultrasonic cleanings
- Sedation during appointment if needed
- Non-surgical gum care to help your smile last a lifetime
- Cosmetic dentistry for a brighter , more attractive smile
- Precision fit crowns & bridges
- Full mouth reconstruction
- Implant placement and restoration
- Intraoral camera
- Digital x-rays with 90% less radiation
- Single visit root canals

CONVENIENT
- Convenient location with early morning & evening hours
- Where your comfort comes first
- Emergencies seen same day
- Free and ample parking
- Most insurance carriers accepted
- VISA, Mastercard & Discover welcome
- Affordable payment plan
- 15% senior citizen discount

### *Regarding Appointments …*

Your scheduled appointment time has been reserved specially for you. We request a 24 hour notice if you need to cancel your appointment. We are aware that unforeseen events sometimes require missing an appointment. After missing your second appointment without notifying us 24 hours in advance, you are subject to being charged an additional fee of $50/per hour.

### *Cosmetic and/or Elective Procedures…*

Payment for cosmetic and/or elective dental treatment is due one week prior to the start date of the appointed procedure.

### *Divorce Decrees…*

This office is NOT a party to your divorce decree. All adult parties are responsible for their bill at the time of service and the adult accompanying their child to the visit is responsible for their child's bill.

### *Minor Patients…*

A parent or legal guardian must accompany all minor patients. The parent or legal guardian accompanying the minor is responsible for full payment of serviced for that visit.

**I ACCEPT THE TERMS OF THIS OFFICE POLICY.**

Name of patient _____

_____ _____

PRINT NAME SIGNATURE & DATE