

Photographic Release

In our office we like to photograph our patients to aid in proper diagnoses. Dr. Fisher also uses these photographs to teach other dentists and design beautiful smiles. In addition, we are proud of the work we do and like to use our own work to show other patients our beautiful results.

I _____, hereby authorize Dr. Kelley Fisher to take photographs, slides, and/or videos of my face, jaws and teeth. I understand that the photographs, slides, and/or videos will be used as a record of my care, and may be used for educational purposes in lectures, demonstrations, advertising (including website publication, newspapers, magazines, phone books, television), and professional publications (dental magazines and journals). I further understand that if the photographs, slides, and/or videos are used in any publication or as part of a demonstration, my name or other identifying information will be kept confidential.

Kelley Fisher D.D.S., P.L.L.C.

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Cancellations

~We need your help~

An appointment together is a bond of trust that we will be here to serve you and you will be present for your scheduled treatment. We do not overbook our schedule so that you may receive individual care in a timely manner. We have developed the following policy in an effort to provide excellent dental care to all of our valued patients.

Please give our office 48 hours notice if you need to reschedule your appointment. Appointments rescheduled within that period will incur a charge of \$50 per hour of scheduled time. By chance, if a scheduled appointment is missed, the same charge will incur. Your insurance company will not cover cancellation charges.

Thank you for your commitment to our practice and we promise to ensure excellent and timely care to you, your family and friends.

Signature _____

Date _____