

**Thomas G. Wilson, D.D.S.**

PEDIATRIC DENTIST/ORTHODONTIST

**Denise N. Evans, D.D.S.**

PEDIATRIC DENTIST

**Austin P. Foster D.D.S.**

Orthodontist

8515 DOUGLAS AVE. SUITE 26

DES MOINES, IA 50322

515-278-2333

We strive to provide the highest quality of care for all of our patients. We do not allow insurance companies to dictate the care our patients receive.

At your child's first visit we will be taking a set of x-rays, clean his/her teeth, provide a fluoride treatment and oral hygiene instructions. Our doctors will do a comprehensive exam of your child's teeth and oral growth. Our doctors will be available to answer all of your concerns at that time.

At the time of your child's six month check-up we will clean his/her teeth, provide a fluoride treatment and our doctors will evaluate your child's oral care progress and his/her oral growth.

To provide the highest quality of care, our doctors have recommended the above to be done. Your insurance may or may not pay for all services. It is your responsibility to know your benefits limits and frequencies. If there are any procedures mentioned above that you would not like to have done for your child please let us know before treatment begins.

Like many offices, this office confirms your appointment by phone or text message. Please make a note of any dental appointments we have scheduled in a place where you will be easily reminded. If you cannot make an appointment as scheduled, please notify the office. Anyone who fails to show for three appointments without calling us will be dismissed from our practice. We can forward all dental records to an office of your choice upon request.

I, \_\_\_\_\_ allow the doctors and staff to provide the above treatment for my child/children.

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