



M. Scott Monts, D.D.S., M.S.
Rajesh V. Shenoy D.D.S.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowledgment*

I _____ have received a copy of this office's Notice of Privacy Practice. You can ask for a paper copy of this notice at any time.

Signature _____ **Date** _____

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy practices, but acknowledgment refused to sign. _____

Cancellation Agreement

Please read and initial _____

Please be on time for all appointments. Root canal therapy is time-consuming. If you are late by as much as 15 minutes, we may not have time to finish your case and will have to re-appoint you. Your appointment is a contract for our time. If you cannot make a scheduled appointment, PLEASE CALL US AT LEAST 24 HOURS BEFORE so that we can let someone else have your appointment time. FAILURE TO DO SO WILL RESULT IN AN ADDITIONAL CHARGE OF UP TO \$200 for the time you reserved. If you have a Monday appointment and cannot make it, you may contact our office at info@lonestarendo.com or call 512-450-1750 no later than noon Sunday to avoid charges.