



Williams and Pearce Dental  
P.O. Box 522 / 100 N. Church St.  
Richland Center, WI 53581

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Dr. Thomas Williams      Dr. Daniel Pearce      Dr. Anne Hagenston      Dr.  
Kathryn Zang

Welcome to our practice! We are thrilled that you have chosen us to provide your dental care and we look forward to meeting you! Your initial visit with us will include a comfortable, personalized, very thorough exam along with easy-to-understand information and choices about how we can help you achieve your oral health goals. Please plan to spend approximately 60 minutes with us.

- ✓ Please complete the enclosed personal health history at home and bring the enclosed forms with you to your appointment. Having this filled out in advance of your appointment, gives our team ample time to become familiar with your medical and dental history.

We participate in state funded programs as a service to our community and accept a sharply reduced fee for our services as a condition of that participation. As a result, there are a few requirements that we make of you as well as any family member that is a patient of our office.

- ✓ **No cosmetic (white) fillings** will be placed on posterior teeth.
- ✓ When you arrive for your appointment, you must present a current **Forward Health** card.
- ✓ Appointments are only scheduled between the hours of 8:40am and 3:30pm.
- ✓ Co-Payments **MUST** be made at the time of your visit.
- ✓ If you cannot keep a scheduled appointment, you must call 24 hours in advance to let our office know.
- ✓ We accept only a limited number of Forward Health patients and maintain a waiting list. If you miss two scheduled appointments without calling or give less than a 24 hours notice, you will be DISMISSED and someone on our waiting list will be accepted in your place.
- ✓ We call all patients the day before their scheduled appointments to confirm them. If you do not have a telephone, you must call our office 24 hours prior to your appointment to confirm it. You must notify us if your phone number changes. If you do not call, we may assume that you are not planning on keeping your appointment and another patient may be scheduled in your time. (We also offer courtesy postcard, email and or text reminders.)

Once again, thank you for selecting our office. Please do not hesitate to let us know how we can serve you best.

Sincerely Yours,  
*WP Dental*

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please list all family members here:* \_\_\_\_\_

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