



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. Katie Zang

Welcome to our practice! We are thrilled that you have chosen us to provide your dental care and we look forward to meeting!

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.
- ✓ If you have x-rays or other pertinent and recent records, please use the enclosed release form to request they be sent to us from your previous provider. This form should be sent directly to the previous dentist.
- ✓ As a courtesy to you, we will be happy to research your dental plan benefits to determine an estimate of what your plan may contribute toward your treatment. We are **NOT** responsible for verifying your insurance prior to your treatment. ***IF YOU WISH TO RECEIVE ASSISTANCE ~ PLEASE BE SURE WE HAVE INFORMATION PRIOR TO YOUR EXAM.*** Please bring your actual insurance card with you so we can keep a copy for our files. We provide detailed, electronic claims billing and are committed to maximizing your benefits. Payment is due at the time of service. Credit card options and CITI Health Financing are offered to make your treatment affordable and convenient. Treatment estimates will be available upon request.

Hygiene treatment is uniquely customized for patients in our office. Our goal is to maintain and restore your teeth and gums in the most healthy, functional and comfortable manner possible! Your examination will include a specific hygiene plan based on the current condition of your teeth and gums~ when you see our hygienist you will know that you have been cared for in the most thorough, comfortable, complete manner possible!

We appreciate your schedule and are committed to reserving our facilities and time just for you. We will always honor your time to the greatest extent possible. We also offer courtesy postcard, email, phone 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:** _____