

Joseph Renzi Jr., D.D.S., Inc.
The Office of Dr Habjan, Dr House and Dr Renzi
999 N. Tustin Avenue #219 | Santa Ana CA, 92705 | (714) 972-1359 | (714) 972-2827

Office Policy

OFFICE HOURS:

Our Practice is open Monday and Tuesday from 9am-6pm, Wednesday and Thursday from 7am-4pm, and Fridays from 7am-Noon. Our doctors see patients by appointment only and their hours are subject to change.

APPOINTMENT POLICY:

In order to accommodate all of our patients, if you need to change your appointment for any reason we request 2 full business days' notice. **Failure to notify us of a cancelation prior to 48 hours of your scheduled appointment time may result in a missed appointment charge added to your account.**

EMERGENCIES:

DAYTIME: Please call the office so we may schedule the time necessary to attend to your emergency needs and have the doctor prepared for your arrival.

AFTER HOURS: Please call our office and our voice mail system will allow you to page the doctor whom will return your call as soon as possible.

CHANGES IN TREATMENT PLAN:

During treatment it may be necessary to change, add or eliminate procedures because of conditions that were not apparent at the time of initial examination. You will be notified of any changes prior to completion of treatment.

PARENTAL PRESENCE:

Parents are welcomed in the treatment areas during the initial visit. [For following visits, we ask that parents remain in the waiting room while your child is treated.](#) This will allow the doctors and staff to focus their full attention on your child, which will help build rapport between the doctors, staff, and your child. If the doctor feels that your child would benefit by having you present, you will be asked to come back to the treatment area. This decision is based on the doctor's judgment.

COMMUNICATION:

I acknowledge that this office utilizes an electronic communication system and give my consent for them to utilize all email addresses and contact numbers I provide (including cell phone), to exchange information regarding my/my child's dental health.

Signature of patient or parent/guardian (if minor)

Print Patient Name

Date