



Office Policies

At Island Grove Dental, our patients are at the center of everything we do. Among our many priorities, we value and respect the privacy of our patients, our visitors, and our staff. The following is our policy on several key areas of our office to continue to keep our patients as our top priority. We appreciate your cooperation and ask you to follow them while at Island Grove Dental.

Cell Phone Policy

Patient and visitors are welcome to use personal devices in the following areas:

1. Outside the facility
2. Waiting area (however not on speaker phone). We would love you to check in on our Facebook page.

Patients are **NOT** allowed to use personal devices in the treatment areas for the following: texting, snapchatting, taking pictures or videos, having a conversation or listening to music, especially on speaker phone. Our patients CAN listen to music by small headphones or ear buds. **We have the right to ask you to stop using your mobile devices and/or recording in violation of our policy.**

Minor Child Policy

We require a parent of the minor child to accompany their child to the office on the very first visit to meet with the doctor, so they can discuss any concerns. The parents or guardian will be asked to come in the back to speak with the doctor once the exam and x-rays are completed. For future appointments, the patient may have a guardian over the age of 18 years old, who is able to make medical and treatment decisions for the child, to accompany the child after the treatment plan and consent form is signed by a parent. We must have a good contact telephone for the parent and/or the guardian, so they may be reached while the minor is in the chair, if necessary. Payment arrangement must be made prior to the appointment.

Patient Attendants

Due to privacy concerns and laws, patients will only be allowed to have an attendant present in the treatment room for the following reasons: Need for language translation, discussion of treatment with guardian (after x-rays), or for special circumstances allowed by the Doctor or Hygienist.

Thank you for your cooperation with this policy.

Food and Drink Policy

We pride ourselves on keeping our office clean and attractive, so we also ask that our patients not bring food or drink into the treatment areas.

I agree to abide by the office policy of the office. Patient's signature _____

Print Patient's Name _____ Date _____

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