

EODDS PATIENT RESPONSIBILITY CONTRACT

I. Should Eastern Oklahoma Donated Dental Services, Inc. accept me as a recipient for free dental services, I _____ agree that it is my responsibility to:

- A. Obtain my own transportation to the dental appointments.
- B. Arrive on time or early and not cancel or change any dental appointments unless I have called and received permission from the EODDS staff.
- C. Be courteous and cooperative with the volunteer dentists and staff at all times.
- D. Follow directions of the dentists and staff once treatment is complete to preserve and maintain my dental health, including the practice of regular dental hygiene procedures and care of prosthetic appliances as indicated.

II. I understand that I can be terminated from the EODDS program at any time if I do not keep this agreement.

Patient Signature: _____ date: _____

***This must be signed and returned with the EODDS Application in order to be put on the waiting list.**

(Candidates are asked not to call EODDS staff to inquire about the status of your application. All candidates are placed with volunteer dentists in the order in which they were approved for donated dental services).

Thank you