



DR SUZETTE STANDER

Implants, Periodontics & Oral Medicine

BChD (US/UWC), PDD Implantology (Cum Laude) (UWC), MChD Periodontics and Oral Medicine (UWC)

Practice Number: 092 000 0546836

ALL SURGERY PATIENTS TO PLEASE TAKE NOTE OF THE FOLLOWING:

1. Dr Suzette Stander is a **cash practice**, and as such all fees are due and payable by the Patient/Legal Guardian. Patients are encouraged to submit their cost estimates to their respective medical aids and to liaise with them for pre-approval of the procedure.
2. 50% of the total amount quoted is due and payable at least 7 days prior to the appointment date as confirmation, and the balance will become due and payable on the day of the procedure, prior to the procedure taking place.
3. Upon receipt of your cost estimate for the proposed procedure as discussed with Dr Stander you will also receive the Theatre forms (for theatre procedures); completion and submission of such being the Patient's responsibility. These forms are supplied to us by the Eye and Laser Clinic, thus should you have any queries regarding these forms, kindly contact them directly on the details supplied.
4. The cost estimate supplied by Dr Suzette Stander does not include the fees for the hospital or the anaesthetist and is an estimated cost for the procedure. Should Dr Stander find, during the procedure, that more work is required to ensure optimum results in your case, the estimated fee may fluctuate accordingly, however we take all precautions to avoid such instances.
5. An anaesthetist will be arranged for the theatre and should you wish to have sedation performed at our rooms, a seditionist will be arranged for the day. The Patient will be furnished with the contact details for said anaesthetist in order to communicate any concerns and queries regarding health issues, what to expect on the day of the procedure, fees and billing and anything else deemed necessary.
6. **It is ultimately the Patient's responsibility to check with the Theatre if pre-approval is in order 3 days prior to the procedure.**
7. **Any procedure cancelled within in less than 7 days prior to the procedure date, will be charged for at 25% of the total procedure cost.**

Kindest Regards

Suzette Stander

Patient name: _____

Signed: _____

Date: _____

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