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### **Consent for Treatment/Policies and Procedures**

I hereby Authorize the Doctor and /or designated staff to take x-rays, study models, dental photographs, perform a dental examination and any other aids that are recommended by the doctor to make a thorough diagnosis of the existing dental problems and subsequently recommend a course of treatment.

Once I am completely informed and have accepted the recommended comprehensive treatment plan or one of the alternative treatment plans, I agree to comply with the doctor's recommendations.

I agree to use local anesthetics, sedation medications if necessary, and other medications as indicated. I understand the use of local anesthetics and sedatives agents embodies a certain risk.

Once an appointment is made, please remember this time has been reserved for you. A minimum charge will be made for failed appointments without prior notification of 24 hours. Please review the cancellation policy below. This fee covers only a portion of the overhead such as salaries, electricity, heat, rent, etc. which still has to be paid whether you are present or not.

We do our best to make sure you are seen at the time of appointment, however, emergencies do arise, and sometime we are forced to keep you waiting. Your appointment time has some leeway built into it, so please be assured that your procedure will be completed. We appreciate your patience for someday it may be you that is in need of emergency service.

To avoid any misunderstanding regarding secondary dental insurance, please be aware all services rendered will be charged directly to the patient and that the patient is personally responsible for payment of those fees. We'll gladly help prepare the necessary forms or reports to help obtain your health benefits from insurance companies, upon receipt of full (or partial) payment of bill. We do not render our services on the basis that insurance companies will pay our fees.

We do reserve the right to charge a \$25 fee for returned checks.

A parent or guardian must accompany all patients under the age of 18. The parent or guardian must remain on site while treatment is rendered.

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Patient/Parent or Guardian Signature

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Date