

Perfecting Smiles with Gentle Hands

Consent for Services

I hereby authorize the doctor and designated staff to perform x-rays, impressions, study models, photographs and other diagnostic procedures to determine/diagnose my dental needs.

Upon such diagnosis, I authorize the doctor and designated assisting staff to perform all agreed upon treatment. I fully understand that there can be certain risks and complications with any dental procedure. I understand that I can ask for a verbal and written review of the risks and possible complications to all procedure performed.

Signature of patient or guardian

Date

Relationship to patient

Insurance Authorization

I authorize my doctor to act as my agent in helping me obtain payment from my insurance by releasing my dental information to my insurance carriers.

I understand that I am responsible for any part of my bill not covered by my insurance and authorize the insurance payment directly to my doctor.

Signature of patient or guardian

Date

Relationship to patient