



INITIAL CONSENT FOR TREATMENT

INSTRUCTIONS: PLEASE READ AND REVIEW INFORMATION PROVIDED IN THIS DOCUMENT. ASK QUESTIONS FOR ANY ITEMS YOU NEED FURTHER EXPLANATION ON. CHECK (✓) EACH BOX AND INITIAL WHERE REQUESTED.

Examination, X-rays & Diagnosis

I understand that radiographs are a necessary part of the diagnosis process and consenting to have any dental x-rays is necessary. I understand that the examination and diagnosis process includes tooth charting, oral cancer screening and perio probing and I consent to this process. I understand that I will be given the opportunity to ask questions regarding my treatment diagnosis. Also, any fees associated with treatment will be discussed with the receptionist when I check out.

Oral Hygiene

I understand that the long term success of treatment and status of my oral condition depends strongly on my efforts to maintain proper oral hygiene (i.e. brushing and flossing) and maintaining regular recall visits as recommended by my dental care provider.

General Consent

I understand that only the patient is allowed in the treatment room unless otherwise stated by the dental team.

I understand that any insurance benefits quoted are not a guarantee of benefits, but rather an estimate based on the information provided to our office by your insurance carrier. I understand I will be financially responsible for any amount(s) not covered by my insurance carrier.

I understand that this facility provides dental care services without discrimination based on race, religion, color, nationality, sex, sexual orientation, physical or mental disability, and/or age, and protects the privacy of each of its individual patients.

I certify that I have had the opportunity to read and fully understand the terms and conditions outlined within this document, and consent to cooperation and/or explanation referred to or made. I have been encouraged to ask questions and have had them answered to my satisfaction.

PRINT PATIENT'S NAME

PATIENT (OR PARENT/GUARDIAN) SIGNATURE

DATE