All Smiles Dental

Consent For Treatment

- I hereby authorize the doctor or designated staff to take x-rays, study models, photographs and other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of: (name of patient) _____'s dental needs.

- Upon such diagnosis, I authorize the doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.

- I agree to the use of anesthetic, sedative, and other medications as necessary. I fully understand that using anesthetic agents embodies certain risk. I understand that I can ask for a complete recital of any possible complications.

- I give consent to the doctor's or designated staff use and disclosure of any oral, written or electronic health records that are individually identifiable as mine for the purpose of carrying out my treatment, payment and healthcare operations. I understand that only the minimum amount of information necessary to provide quality care will be used or disclosed and that a notice fully outlining the protection of my personal health information is available.

- I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payments are not received by agreed upon dates, I understand that a 1-1/2% late charge (18%APR) may be added to my account. If required, I also understand a check of my credit history may be made.

- I understand that a minimum of 24 hour notice is needed to cancel a scheduled appointment to avoid a charge. I understand that a scheduled appointment on Monday of the following week will require a notice by 5:00PM on the previous Friday to avoid a charge. I understand that the charge for less than 24 hours notice is $50.00 for every hour that was reserved for me or a family member.

Patient Signature_____Date_____Witness_____

Parent/Responsible Party Signature _____Relationship to Patient_____