

Acknowledgement and Consent:

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform this dental office of any changes in my (patient's) medical status.

I consent to treatment as necessary or desirable for the care of the patient named above, for the diagnosis of dental disease, deformity, or treatment of a dental emergency. I consent to the use of local anesthetics for completing the necessary dental treatment (if it is deemed necessary for the comfort and benefit of the patient during the course of the treatment). I understand that there is no guarantee or warranty as to the results of the treatment, either expressed or implied, and that over time retreatment, apical surgery or extraction may be necessary. I also acknowledge full responsibility for the payment of such services and agree to pay for them when the services are rendered in accordance with the published office policies. Your insurance may be accepted on a restricted basis.

My signature below acknowledges that I have been given the opportunity to read and consider the content of the following documents entitled "*Financial Policies*", "*Regarding Insurance Plans*", "*Notice of Privacy Practices*" and "*Informed Consent*". I further acknowledge that having read these I documents, I fully understand their content and have been given the opportunity to ask any questions regarding their content. I understand that by signing this form, I agree to abide by the published financial policies of this office and hereby give my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations as described in the "*Notice of Privacy Practices*" document.

My check in the box that follows also gives my consent for this office to bill my insurance for services rendered with benefits made payable to this office. We will keep this signature on file for future insurance claims.