



**FitSmile**  
DENTAL HYGIENE

39 Kalmar Ave., Scarborough, ON M1N 3G2

(416) 698-9766

fitsmile.ca@gmail.com

## General Release Form

I, the undersigned, certify that I have provided an accurate and complete personal and medical – dental history and have not knowingly omitted any information. I have had the opportunity to ask questions and receive any questions regarding my medical – dental history.

Should there be any change in either health status or any other information I have provided, I will advise the dental hygienist. I authorize the provider to perform dental hygiene diagnostic procedures as may be required to determine necessary treatment.

I understand that information provided from, or to, my medical doctor or another health provider may be necessary. This office has a privacy policy that protects my personal information. I understand that responsibility for payment of the dental services for myself and my dependents is mine, and I assume responsibility for fees associated with these services.

<input type="radio"/> Yes, I consent.	<input type="radio"/> No, I do not consent.
Patient Signature:	Date: