



I, the undersigned, understand and authorize the doctor to take radiographs (x-rays), study models, photographs, or any other diagnostic aids deemed appropriate to make a thorough diagnosis of my needs. I also authorize the doctor to perform any and all forms of treatment, medication, and therapy that may be indicated. I assume the right and responsibility to ask for any risks of treatment, alternative treatments, as well as the financial responsibility of the treatments.

I understand that the use of local anesthetics embody a certain risk. Complications and side effects are rare, but may include, among others not listed: Swelling, bruising or soreness at the injection site, numbness outside of the mouth, temporary rapid heart beat, damages to the nerves resulting in temporary or possibly permanent numbness or tingling of lips, chin, tongue or other areas, severe allergic and possible life threatening reactions necessitating emergency care. I understand that if I have high blood pressure, uncontrolled thyroid problems, angina or have recently had a heart attack that I will inform my dentist verbally without fail as these conditions have caused complications for persons receiving local anesthesia. I assume the right and responsibility to ask for any alternative treatments, as well as the financial responsibility of the treatments.

I confirm that I am over the age of 18 years old (If not please stop and notify the front desk). I understand that I am responsible for payment for the services provided for myself, or my dependents and it is payable at the time of services rendered or by the Financial Policies guidelines that I have read and understand. I authorize payment to be issued by my insurance carrier directly to this office. I also understand that any balance from the insurance company that is not resolved after 45 days is my responsibility. In the event an account is turned over to an attorney, I agree to pay all reasonable attorney fees, court cost and other cost associated with the collection of the account.

My signature acknowledges that I have asked and have had answered any and all questions associated with any of the above issues.

Signature: _____ Date: _____