

Art of Dentistry, P.C.

210 Atlantic Avenue, Suite AA3, Lynbrook, NY 11563 (516) 593-2060

CONSENT FOR TREATMENT

1. I hereby authorize doctor or designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of (name of patient) 's _____ dental needs.
2. 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.
3. I agree to the use of anesthetics, sedatives, and other medication as necessary, I fully understand that using anesthetic agents embodies certain risks; I understand that I can ask for a complete recital of any possible complications.
4. I give consent to the doctor's or designated staff's 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 health care 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.
5. 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 or the patient negligently did not show up for an appointment and failed to cancel a scheduled appointment 24 hours in advance, I understand that a \$50 late charge may be added to my account for every cancellation that failed to be reported 24 hours in advance.
6. I understand that this office has a non-refundable/exchange policy for dental procedures rendered in the office for me or family members. Instead, the funds may be used towards any other dental procedure/balances the patient may have in the future.

Patient's Signature _____

Date _____

Parent/Responsible Party's Signature _____

Relationship _____