

Patient Consent

1. I do authorize and give consent to BG Denta, the Dentist and his/her staff to administer treatment, including but not limited to local anesthesia and other such treatment, which, in their judgment, may be necessary for the prudent exercise of medical or dental care. I understand that the use of medications, anesthetics and some procedures embody a certain risk.

2. I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.

3. I understand that during the procedure(s) unforeseen conditions may arise that necessitate different procedures from those planned. I consent to the performance of additional procedures that are deemed necessary in the professional judgment the dentist and I understand that payment for these additional procedures is my responsibility.

4. I consent to the disposal of any tissues or body parts that may be removed.

5. The attached medical and dental history was completed fully and accurately to the best of my knowledge.

6. I understand responsibility for payment of dental services provided in this office for myself or my dependent is mine. Unless other arrangements are made prior to treatment, accounts are to be paid on the day services are provided.

7. I hereby authorize payment of my group insurance benefits, otherwise payable to me, to BG Denta. In the event of legal action of this account, I agree to pay any and all costs of such suit, collection and attorney fees. I have reviewed the treatment plan and authorize the release of any information relative to this claim.

8. I grant my permission to you or your assignees to telephone me at home or at my work to discuss matters related to this consent or my treatment.

12. I understand that if I am unable to keep my appointment, I need to let BG Denta know at least 48 hours in advance.

Patient Name (Print or Type) -----Date-----

Signature of Patient or Responsible Party Relationship (if responsible party)-----