

GENERAL CONSENT FORM

Next Level Dental, P.C. is a unique provider of comprehensive dental care. Our Office provides quality care, comfort and outstanding service. Please fill out completely, read and sign.

Patient Information

Name _____ Birth Date _____

SS# ____/____/____

Address _____ City _____ State _____

Zip _____

Home Phone _____ Work Phone _____

I hereby request and authorize the dentist and staff to perform dental work for the purpose of attempting to improve my appearance, function and the health of my mouth, teeth, and bone. Any treatment needed beyond a limited or comprehensive exam with radiographs will be explained and treatment planned.

The effect and the nature of the proceeding to be performed, and the risks involved as well as the possible alternative methods of treatment will be fully explained to me.

I also authorize the operating dentist, dental assistant and dental hygienist to perform any other procedures which they may deem necessary or desirable in an attempt to improve the condition stated on the treatment plan or treat unhealthy or unforeseen conditions that may be encountered during the operation.

During treatment Next Level Dental, P.C. will take pictures of me and my treatment. I hereby give Next Level Dental, P.C. permission to use pictures of my likeness and/or treatment for promotional and educational purposes. _____ Initials

I know that the practice of dentistry and surgery is not an exact science and that therefore reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the treatment that I have herein requested and authorized.

I certify that I have read and fully understand the above consent to dental treatment and that the explanations therein referred to were made.

Date _____

Signature _____

Print Your Name _____