

# QUINLAN PARK DENTAL

## Patient Consent

1. I do authorize and give consent to Quinlan Park Dental (QPD), the Dentist and 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 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. I will be informed prior to any additional procedures. I understand that payment for these additional procedures is my responsibility.

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

4. 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.

5. I grant my permission to you or your assignees to contact me to discuss matters related to this consent, my treatment (including reminders of appointments), or my account. I prefer to be contacted via: (mark all that apply)

text message (\_\_\_\_) \_\_\_\_\_  
cell phone (\_\_\_\_) \_\_\_\_\_  
home phone (\_\_\_\_) \_\_\_\_\_  
email \_\_\_\_\_  
postal service (if different than home address, please list)  
\_\_\_\_\_  
\_\_\_\_\_

6. I have had the opportunity to review QPD's Notice of Privacy Practices.

7. I understand that if I am unable to keep my appointment, I need to let QPD know at least 48 hours in advance. **I also understand QPD reserves the right to assess a minimum \$50 fee for late cancellations and/or missed appointments.**

\_\_\_\_\_  
Patient Name (Print or Type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Responsible Party/Relationship