

dentistry from the heart

Informed Consent

I authorize Lake Oconee Dentistry and/or designated clinical staff to perform any services necessary to diagnose me or my dependent's dental needs. Upon such diagnosis, I authorize Lake Oconee Dentistry and/or designated clinical staff to perform all recommended treatment mutually agreed upon by me. I understand that the use of anesthetics and sedatives sometimes involves risks, and that I can ask for a complete recital of these risks.

I understand that any and all treatment or services performed or diagnosed by Lake Oconee Dentistry and/or designated staff on Friday, October 23, 2015 in conjunction with Dentistry from the Heart, is free of charge and comes with no warranties whatsoever either expressed or implied.

Signature of Patient/Parent/Guardian: _____

Chief Complaint: _____

OFFICE USE ONLY: _____ Hygienist _____ Doctor

Progress Notes: _____

D4355 - Full Mouth Debridement _____ D7210 - Extraction Tooth#(s) _____

D1110 - Adult Prophy _____ Other: _____

D2330 - Resin-based composite - one surface anterior # _____

D2331 - Resin-based composite - two surface anterior # _____

D2332 - Resin-based composite - three surface anterior # _____

D2335 - Resin composite 4/more surfaces incisal angle ant. # _____

D2391 - Resin-based composite - one surface posterior # _____

D2392 - Resin-based composite - two surface posterior # _____

D2393 - Resin-based composite - three surface posterior # _____

D2394 - Resin composite - 4/more surfaces posterior # _____

YOU MUST READ AND SIGN FULL CONSENT BEFORE TREATMENT

