

GENERAL CONSENT FORM

In order to prevent misunderstandings regarding dental insurance, we wish our patients to know that all professional services rendered are charged directly to the patient, and that patients are personally responsible for payment of fees. All accounts are due and payable at time of services rendered, unless prior arrangements have been made.

We do not render our services on the basis that insurance companies will pay our fees, however, agree to file insurance claims as a courtesy to the patient.

CONSENT FOR PERIODONTAL SERVICES

I hereby authorize and request Dr. Ricardo Raschkovsky and their auxiliaries to perform for me all periodontal therapy and surgery indicated in my dental records, and to do whatever procedures that are deemed advisable in their judgment. I also authorize and request the administration of such drugs and/or anesthetics as may be deemed advisable. It has been explained to me and I understand, that results are not guaranteed or warranted and cannot be guaranteed to be warranted.

APPOINTMENT POLICY

So that we may assure you and other patients of uninterrupted treatment, it is necessary for all patients to accept and adhere to a definite arrangement of appointments and fees. Once an appointment is made, please remember this time is reserved for you. At least 24 hours notice must be given if cancellation is necessary, otherwise cancellation charges will be made.

I have read and understand the above.

Name of Patient, Parent or Guardian: _____

Signature of Patient, Parent or Guardian: _____

Date: ___/___/_____