

SPEARMINT DENTAL

To better serve all of our patients, we like them to have a clear understanding not only of their dental treatment but also their financial obligations. We require all of our patients to leave payment for services rendered on the day of treatment.

Payment options:

Cash, Visa, MC or Debit at the time of service.

If you require any other arrangements, please discuss them with us **PRIOR** to receiving your dental treatment.

CONSENT

The undersigned hereby authorizes the Doctor to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by the Doctor to make a thorough diagnosis of the patient's dental needs. I also authorize the Doctor to perform any and all forms of treatment, medications, and therapy that may be indicated as mutually agreed upon. I understand that during a procedure circumstances may dictate a change in technique or additional fees which I am responsible for.

I also understand the use of anesthetic agents embodies a certain risk: including but not limited to the possibility of allergic reactions, prolonged numbness, infection, tenderness and increased heart rate.

I understand that my dental insurance is a contract between me and my insurance carrier, and not between the insurance carrier and the Doctor, and that I am fully responsible for all dental fees. These fees are due and payable at the time services are rendered. I further understand that a late charge will be added to any overdue balance.

I will provide 2 full business days notice if I need to cancel or change an appointment that was reserved for me, otherwise a charge will apply. For appointments greater than one and a half hours, I will provide 3 full business days notice or a higher cancellation fee will apply. *Please note that due to the preparation and cost, the IV Sedation fee is non refundable.*

I authorize the use of my study models and/or photographs for lectures or publications by the Doctor.

SIGNATURE OF PATIENT

DATE

PRESENTED BY