

Consent to Perform Dental Procedures

I, , hereby authorize Dr. and staff to perform the dental procedures as discussed with me, including but not limited to diagnosis, radiographs (x-rays), cleaning, fillings, extractions, and anesthesia, as may be necessary.

I understand the nature and purpose of the procedures and have had the opportunity to ask questions. I acknowledge that no guarantees have been made as to the results of the treatment or procedures.

Signature of Patient/Guardian:

Date: