

Mission Statement:

“OUR MISSION IS TO IMPROVE THE LIVES OF OUR PATIENTS THROUGH DEDICATION AND COMMITMENT TO EXCELLENCE IN DENTISTRY.”

Aesthetic Dentistry

Consent Form

I hereby authorize the Doctors at Aesthetic Dentistry to take any necessary x-rays, study models, images, or any other diagnostic aids needed to make a thorough diagnoses of my dental needs.

I also authorize the Doctors at Aesthetic Dentistry to perform any necessary treatment, prescribe medications and therapy that may be indicated after being discussed with me.

I understand that I will be responsible for the cost associated with services that have been provided for me. If applicable, Aesthetic Dentistry will bill my dental insurance company. I will remain responsible for any co-payments or services not covered at the time of my visit unless other financial arrangements have been made. I understand that any unpaid balance will be subject to finance charges.

Name _____ Date _____

(Signature)