

# Patient Consent Form

## Medical Information

Your information is private and confidential and will remain so in our clinic. Your medical information will not be shared with anyone unless you give us prior consent.

## Consultation Report

As is standard practice in our medical profession, a consultation report will be forwarded to your referring doctor and dentist. Information that you provide in this document may be shared with them. If you do not want a report to be sent, please let us know during your initial visit.

## Financial Policy

We are a fee-for-service practice. Therefore, we appreciate receiving full payment when services are rendered. All fees will be discussed with you before beginning any treatments.

## Insurance

Our front desk will gladly help fill out all of your insurance forms in order for you to claim payments from your insurance company.

## Consent to Photograph for Patient Care and Medical Record Purposes

Photographs may be taken during your first visit to assist in the diagnosis and treatment rendered.

## Appointment Cancellation Policy

We strive to provide consistent quality patient care. Once an appointment is made, we ask that you keep it. If you cannot, we require 48 hours notice for cancellations.

**Your signature below indicates that you have read and understood the above information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date