Consent to Treatment

Patient Name:_____

I understand that I will be evaluated for dental treatment today and while I am a patient of this practice, and will be given my options for treatment. I understand that during treatment, it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examinations. I give my permission to Dr. Beerman to make any/all changes and additions as necessary.

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot always fully guarantee results. I acknowledge that no guarantee or assurance has been made or will be made by anyone regarding the dental treatment that I will receive. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to receiving treatment at this practice and in accord with these terms.

Patient Name (print):_____

Signature:_____

Relationship to Patient_____

Date:_____