



All About Smile Dental Group

General Authorization and Consent

The purpose of this form is to encourage your participation in the decisions which will be made concerning your dental treatment.

Our philosophy is based on prevention and our ultimate goal is to help you preserve your natural teeth for life. We have found that people who have a positive attitude, get involved in their own treatment. They are sincerely interested in restoring and maintaining their oral health at an optimal level. They can and do reach this goal. Conversely, we have found that we can do very little to help those who are apathetic and uninvolved.

The single most important factor in maintaining your oral health is plaque control. The only person who can control it, is you. We can instruct, supervise and encourage but only you can control it. Regular cleanings and check ups are a must.

Even though the radiation exposure from dental xrays is very slight, they will be used sparingly to determine if a problem exists.

After the initial examination and each check up, you will be given an appraisal of your dental condition. We expect and encourage you to ask all the questions you want so that you fully understand the treatment plan, the alternative options, the out of pocket costs to you, and the risks and benefits of going ahead with or postponing treatment.

You will be given separate forms explaining the more involved treatments as needed.

Our practice is run on an appointment only basis. If you have an emergency, please call and we will tell you when we can best work you into our schedule with a minimum delay.

Nowadays, virtually everyone has one or more dental insurance plans. We have experienced and knowledgeable staff to help you navigate through the ins and outs of your coverage, but you must always remember that it is your insurance not ours. We will make every effort to give you correct information, but we cannot be responsible for its accuracy. If we render treatment in good faith and your insurance does not cover the cost, you are responsible for payment.

Here again, GET INVOLVED, ask questions. Remember also that no insurance covers 100% of everything. There are deductibles, co-pays, maximums and exclusions in every plan.

Your signature below affirms that you have read and understand this form and that you agree to authorize and consent to only that treatment which you fully understand and agree to as outlined above.

Signed: _____ Date: _____

Print name: _____