

**Acknowledgement of Receipt
and
Consent of Treatment**

I acknowledge that I received/seen a copy of Dexter Dental Center's Notice of Privacy Practices. I also understand payment is due in full at the time of treatment unless prior arrangements have been approved.

This office accepts insurance so I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductible that my insurance does not cover. I hereby authorize payment directly to the Dental Office of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize release of any information, including the diagnosis and records of treatment or examination rendered, to my insurance company.

I UNDERSTAND THAT DEXTER DENTAL HAS A 24 HOUR CANCELLATION POLICY. IF AN APPOINTMENT IS CHANGED OR CANCELLED WITHOUT 24 HOURS NOTICE THERE WILL BE A FEE INCURRED.

Our office is HIPAA Compliant and is committed to meeting or exceeding the standards of infection control mandated by OSHA, The CDC and the ADA.

I consent to the disclosure of my records (or my child's records) to the following persons who are involved in my care (or my child's care) or payment for the care.

Consent:

I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care. I consent to the dentist's use and disclosure of my records (or my child's records) to carry out treatment, to obtain payment, and for those activities and health care operations that are related to treatment or payment.

Anesthesia:

I have been told that there may be anesthesia administered when I receive dental care. I fully understand the risks associated with the use of anesthetic. I hereby give my free and voluntary informed consent for the use of anesthesia.

I have been informed and understand that some possible complications include:

- pain, infection, swelling, bleeding, bruising, discoloration, cracking and brusing of the lips and corners of the mouth.
- temporary or permanent numbness and tingling of the lip, chin, tongue, gums, cheek or teeth.
- nausea, vomiting, allergic reaction.
- change in occlusion, temporo-mandibular joint difficulty, tismus
- numbness or inflammation from the injection, and unfavorable reactions to drugs and anesthetics.

Name sign:

Date signed:
