



I consent to be a patient at Dr. Vinton's office and agree to a radiographic and clinical examination. I also understand and consent to the following:

During the course of treatment, I may undergo procedures in all phases of the dentistry including periodontics (gum treatment and surgery), oral surgery, and endodontics (root canals), fixed and removable prosthodontics (crowns, bridges, and dentures), implant dentistry, restorative dentistry, temporomandibular disorder treatment, oral pathology, and radiography.

I will provide a thorough a complete medical history, supply a full list of medication with dosages and consent to my dentist communicating with my medical practitioners to inquire about any aspect of my health history.

No guarantees can be made about treatment: outcomes, restoration longevity, or prognoses. I understand that any branch of medication, including dentistry can involve unanticipated results.

I will pay in full any cost of treatment or insurance copayments according to the office's financial policy. I understand that even if an estimate is given or a procedure has been preapproved by my insurance, I am responsible for any costs that insurance does not cover. Our office accepts VISA, MasterCard, Discover and American Express.

My treatment plan may change at any time and I will do my best to approach my dental care with optimism and open communication with my dentist, hygienist, and dental office staff.

I understand that I am encouraged and welcome to ask questions about any aspect of my dental care. I am responsible for clarifying any of my treatment that I am unsure about.

We want our patients to know that we value their time. Therefore, if you need to make changes or cancel an appointment, we respectfully ask that you give us at least a24 hour notice.

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Patient or Guardian Name

Date