

## **Evergreen Dental Arts**

3151 S. White Rd. Ste 102 San Jose, CA 95148

I, \_\_\_\_\_, consent to be a patient at the above named office and agree to a radiographic and clinical examination. **I also understand and consent to the following:**

1. During the course of treatment, I may undergo procedures in all phases of dentistry including periodontics, (gum treatment and surgery), Oral surgery, endodontics(root canals), fixed and removable prosthodontics(crowns, bridges, and dentures), implant dentistry, restorative dentistry, temporomandibular disorder treatment, sleep treatment, oral pathology, pediatric dentistry, and radiography.
2. I will provide a thorough and complete medical history, supply a full list of my medications with dosages, and consent to my dentist communicating with my other medical practitioners and inquire about any aspect of my heal history.
3. No guarantees can be made about treatment outcomes, restoration longevity, or prognoses. I understand that any branch of medicine, including dentistry, can involve un-anticipated results.
4. I will pay in full any cost of treatment of insurance copayments according to the offices financial policy. I understand that even if any insurance pre-estimate is given or a procedure has been pre-approved. I am responsible for any costs that my insurance does not cover.
5. 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.
6. I am welcome to ask questions about any aspects of my dental care and will request information if I am confused or need more information. I am responsible for clarifying any aspects of my treatment that I am unsure about.

### **Appointments and Cancellation**

When we make your appointment, we are reserving a room for your particular needs. We ask that if you must change an appointment, please give us at least **48 hour notice**. This courtesy makes it possible to give your reserved room to another patient who would like it. *When scheduling an appointment, it is considered to be confirmed. However, at your request, we may give you a courtesy reminder via phone, text and or email.*

**There is a charge for not showing up for scheduled appointments. Repeated cancellations or missed appointments will result in a fee of \$50.00 for each hour.**

We feel that our patient's time is valuable. When your appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course would appreciate the same courtesy from you.

---

Patient/Guardian Signature

---

Date