

Bowser Center for Advanced Dentistry Consent for Treatment

I hereby authorize doctor or designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of (name of patient) _____'s dental needs.

Upon such diagnosis, I authorize the doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.

I agree to the use of anesthetics, sedatives, and other medication necessary. I understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.

Signature: _____

Date: _____