

APPLE DENTAL

CANCELLED OR MISSED APPOINTMENT POLICY

Due to high appointment demand and limited availability, I understand that if I cancel or miss an appointment without giving 24 hour notice, I may not be able to reschedule.

AUTHORIZATION FOR DENTAL TREATMENT

I hereby authorize Dan Lovely and his associates to provide dental services, prescribe, dispense and/or administer any drugs, medicaments, antibiotics, and local anesthetics that he and/or his associates deem, in their professional judgement, necessary or appropriate in my care.

I am informed and fully aware that there are inherent risks involved in the administration of any drug, medicament, antibiotic, or local anesthetic. I am fully aware that there are inherent risks involved in any dental treatment and extractions. The most common risks include, but are not limited to: Bleeding, swelling, bruising, discomfort, stiff jaws, infection, aspiration, paresthesia, nerve disturbance or damage either temporary or permanent, adverse drug response, allergic reaction, cardiac arrest.

I realize that it is mandatory that I follow any instructions given by the dentist and/or his associates and take any medication as directed.

Alternative treatment options, including no treatment, have been discussed and understood. No guarantees have been made as to the results of treatment.

A full explanation of all complications is available to me upon request from the dentist.

DATE: _____

PATIENT NAME: _____

LEGAL GUARDIAN/PATIENT SIGNATURE: _____