

# Joyful Dental Care

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## CONSENT FOR TREATMENT

I hereby authorize Joyful Dental Care and designated staff to take panoramic x-rays, study models, photographs, electro-diagnostic studies and other diagnostic aids deemed appropriate to make a thorough diagnosis.

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

I agree to the use of anesthetics and other medication as necessary. I fully understand that using anesthetics embodies certain risks. I understand that I can ask for a complete recital of any possible complications or alternatives.

I authorize release of a full report of exam findings, diagnosis, treatment program and ongoing progress report to any referring dentist, physician, chiropractor or other health care professionals as indicated on the following page. I additionally authorize the release of any medical information to insurance companies for legal documentation to process claims.

I further agree that any dispute about the reasonableness or computation of the fees, or any claim of negligent or intentional acts or omissions in the rendering of professional services, either in this specific instance or in any other treatment rendered by staff in this office, shall be submitted to binding arbitration to the American Arbitration Association, National Futures Association or internet arbitration. It is understood by both doctors and patient that by agreeing to submit all claims or assertions that either patient or doctor may have against the other arising out of this agreement patient and doctors have given up their right to a jury or a court trial.

I have read and understand the Joyful Dental Care Consent for Treatment policy. I have had all of my questions regarding these issues answered and agreed to abide by these policies.

Patient Signature: \_\_\_\_\_

Patient Print: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Responsible Party Signature: \_\_\_\_\_

Parent/Responsible Party Print: \_\_\_\_\_

Relationship: \_\_\_\_\_

Witness: \_\_\_\_\_