



GENERAL PATIENT CONSENT

| DOB:

PATIENT INFORMED CONSENT

We are pleased that you have chosen Mount Vernon Smile Design to be your oral health care provider. In order for us to provide optimal treatment, it is necessary for you to understand the types of treatment provided in our office, the fees for the treatment, and follow-up care. Please take a few moments to read this consent for treatment as it may clarify important questions/issues that may come up during treatment.

CONSENT TO DENTAL PROCEDURES As a patient, you will have access to information about your condition and will be eligible, unless otherwise specified, to receive continuity of treatment, which may include treatment provided by multiple dentists, be provided with estimate of the cost, and receive dental care according to a sequenced plan of treatment. Before receiving treatment you should ask the dentist or assistant about the procedure(s) recommended for you, and ask any questions you may have before you decide whether or not to give your consent for the procedure(s) to be done. All dental procedures may involve risks of unsuccessful results and complications, and no guarantee is made as to result or cure. You have the right at all times to be informed of any such risks as well as the nature of the procedure, the expected benefit, the availability of alternative methods of treatment, and the risks of no treatment. You have the right to consent to or refuse any proposed procedure at any time prior to its performance.

X-RAYS Dental radiographic images will be made as necessary and appropriate for examinations, diagnosis, consultation and treatment. It is the dentist's sole discretion for what x-rays are necessary for appropriate treatment.

FINANCIAL RESPONSIBILITY You will be charged for treatment according to the fee schedule in effect at the time of treatment. A fee estimate will be provided prior to beginning treatment and you must be prepared to pay for services as they are performed. Fees are collected in full at the end of the procedure unless other arrangements are made in writing. If for some reason you do not pay in full for the treatment provided that day, any balance remaining on your account 90 days after treatment will result in your account being turned over to a collection agency.

DENTAL INSURANCE Mount Vernon Smile Design participates with several dental insurance companies. The office will do it's best to offer accurate estimates with insurance coverage but will not be held responsible for procedures not covered by your specific plan. These are just estimates and it is your responsibility to pay the full amount of your bill if a procedure is not covered by your insurance, your insurance company is no longer in network with our office, etc. It is your responsibility to provide accurate insurance information to our office and to cover the cost of any uncovered dental procedures and to know if your particular plan is in network with our office.

DENTAL MEDICAL RECORDS The dental medical record, radiographic images, photographs, videos, models and other diagnostic aids relating to your treatment are the property of Mount Vernon Smile Design. You have the right to inspect such materials and to request a copy of your dental medical records and radiographic images. A fee may be required for copying such items. You may also request to have your dental radiographs sent to another health care provider by signing a Release of Information form. Mount Vernon Smile Design complies with requirements of the Health Insurance Portability and Accountability Act (HIPPA) and will only share information with those on your family file. You will receive separate information, forms, and consents in that regard. In addition, your dental medical record may be used for instructional purposes.

KEEPING YOUR APPOINTMENT It is important for you to be on time for your appointments. If you find that you are unable to keep an appointment you agree to notify the office at least 48 hours in advance. A total of three cancelations without 48 hour notice, more than two missed appointments, or repeated unsuccessful attempts to arrange an appointment may result in the discontinuance of further treatment at our office and fees.

TEXT USAGE FOR APPOINTMENT REMINDERS Text messages will be used for appointment reminders and other healthcare communications at the number you have provided our practice. The practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan. You have the right to opt out of text messages at any time.

DISCONTINUANCE OF TREATMENT Mount Vernon Smile Design reserves the right to discontinue treatment in its sole discretion. Should treatment be terminated, any remaining credit balance for services not yet provided will be refunded to you.

I hereby acknowledge that a licensed dentist and/or office staff has explained to me the nature of the treatment, the risks and potential benefit, the availability of alternative methods of treatment, and the risks of no treatment. I hereby acknowledge, agree, and give my voluntary consent for treatment provided by Mount Vernon Smile Design. This Authorization includes but is not limited to, routine diagnostic procedures, outpatient care, laboratory tests, and x-rays. I understand that my treatment may include a variety of

interventions. I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment received at Mount Vernon Smile Design. I acknowledge that my care is under the direction of my treating professional(s) and I present that I will follow the instructions of my professional(s) regarding care and treatment.

Your signature on this form certifies that you have read and understand the information provided on the form, that you have a received a copy if you want, and that you accept dental care and treatment under the described terms and conditions.

Patient's signature:

Date: