

Chesapeake Smiles, LLC
2288 Blue Water Blvd
Suite 420
Odenton, MD 21113

410-672-0000

Consent for Treatment/Policies and Procedures

I hereby authorize the Doctor and/or designated staff to take x-rays, study models, dental photographs, perform a dental examination and any other aids that are recommended by the doctor to make a thorough diagnosis of the existing dental problems and subsequently recommend a course of treatment.

Once I am completely informed and have accepted the recommended comprehensive treatment as indicated, I understand the use of local anesthetics and sedatives agents embodies a certain risk.

Once an appointment is made, please remember this time has been reserved for you. A minimum charge will be made for failed appointments without prior notification of 24 hours. Please review the cancellation policy of the office. This fee covers only a portion of the overhead such as salaries, electricity, heat, rent, etc. which still has to be paid whether you are present or not.

We do our best to make sure you are seen at the time of your appointment. However, emergencies do arise, and sometimes we are forced to keep you waiting. Your appointment time has some leeway built into it, so please be assured that your procedure will be completed. We appreciate your patience for someday it may be you that is in need of emergency services.

To avoid any misunderstandings regarding secondary dental insurance, please be aware all services rendered will be charged directly to the patient's primary dental insurance and that the patient is personally responsible for payment of those fees that are not covered by the primary dental insurance. We will gladly help prepare the necessary forms or reports to help obtain your health benefits from your insurance companies, upon receipt of full (or partial) payment of the bill. We do not render our services on the basis that insurance companies will pay our fees.

We do reserve the right to charge a \$25 fee for returned checks.

A parent or guardian must accompany all patients under the age of 18. The parent or guardian must remain on site while treatment is rendered.

Patient/Parent or Guardian Signature

Date