



Dental Treatment Consent Form

Patient Name: _____

1. **Health Information:** I agree to disclose all previous illnesses and medical history. Undisclosed medical information and current medications allergies or illnesses are risk factors.

2. **Drugs, Latex and Medicines:** I understand that antibiotics and other medicines can cause allergic reactions that can be life threatening and can sometimes interfere with birth control pills and /or other medications. Latex allergies can cause itching and possible rashes. Epinephrine increases the heart beat and depending on my health can be dangerous to me.

3. **Needle Stick:** If someone is inadvertently stuck with a needle used on me I consent to have my blood drawn for analysis.

4. **Limitations of Insurance Coverage:** WE ARE AN IN-Network Provider for most PPOs Fortunately, this will save you money! You will receive a discount off our regular fees because you are entitled to a LOWER in-network fee! Your insurance carrier and your employer have set up your coverage and in-network fees for you. Unfortunately, your insurance will not always pay 100%. In fact most insurance companies pay between 80-50% for fillings and crowns. There are also charges beyond what insurance will pay, i.e. nitrous oxide, cosmetic work and other misc fees. After your exam, you will be provided with a treatment plan that explains your expected costs for any treatment needed. You will be given the opportunity to ask questions about your coverage at that time.

I understand that Pinnacle Dental will file my insurance as a courtesy to me and that any quote for my portion is only an estimate. I agree to be financially responsible for the portions of payment that my insurance company does not pay for me, this includes my yearly deductible and all uncovered procedures.

I do not expect guarantees in dental care. I understand that my teeth and dental work require upkeep, including but not limited to, bi-annual cleanings, exams, X-rays, and daily home care. If I experience discomfort with my new dental work, I will tell the dentist right away so that it may be addressed in a timely manner.

I have read the above and consent to treatment.”

Signature of Patient or Parent of Minor

Date

Witness