

Jacob Grapevine, DDS
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Plano, Texas
972 596 3702

INFORMED CONSENT

1. I, hereby, authorize doctor or designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of (name of patient) _____'s dental needs.
2. Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
3. I agree to the use of anesthetics, sedatives and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.
4. I agree to be responsible for payment of all services rendered on my behalf of my dependents. I understand that payment is due at the time of service unless other arrangements have been made. If required, I also understand a check of my credit history may be made.
5. I agree that in the event this account becomes delinquent due to non payment and is turned over to an outside collection attorney or agent, I agree to pay all actual and reasonable fees, legal fees, cost, expenses and court costs incurred in the collection of this account.
6. I agree that in the event this account becomes delinquent due to non-payment and is turned over to an outside attorney or collection agency; I agree to pay all actual and reasonable collection fees (which may be based on a maximum of 33% of the debt), legal fees, cost, expenses and court costs incurred in the collection of this account.

_____ Date _____
(Patient/Parent/Guardian Signature)

_____ Date _____
(Witness Signature)