Evergreen Dentistry
Laura Howrey, DDS
610 Dupont St., Ste. 129 Bellingham, WA 98225 P: (360) 734-2822 evergreendentistry@hotmail.com

Consent

I, the undersigned, hereby authorize the Doctor to take radiographs, study models, photographs or any other diagnostic aids she deems appropriate to make a thorough diagnosis of my dental needs.

I authorize the Doctor to perform any and all forms of treatment, medication and therapy that may be indicated. I authorize and consent that the Doctor employ any such assistance as she deems appropriate.

I further authorize the release of information, including the diagnosis, radiographs, records of treatments or examinations rendered to my insurance company, or consulting professionals who may request my records.

I understand that I am personally responsible for payment of all fees for dental services provided in this office for me or my dependents, regardless of insurance coverage. Breach of this responsibility carries the penalty of compensating the practice for any related attorney's and collection fees.

I understand that payment is due when services are rendered. Any other arrangement for payment must be made *before* treatment begins.

_____ Date: _____

Patient Signature/legally authorized representative

_____ Date: _____

Printed Name if signed on behalf of the patient