Smile4Us Dental
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Patient form

Consent for Treatment / Financial Policy

Template for clinic review before patient use.

[TODO: clinic to review and approve this template before using it with patients.]

Consent for treatment

I authorize Smile4Us Dental to perform dental examination, diagnostic imaging, preventive care, and treatment discussed with me by the dental team. Specific procedures, risks, benefits, and alternatives should be reviewed before treatment.

Financial policy

Payment estimates are based on information available before treatment. Insurance benefits are not guaranteed until processed by the plan. The patient or responsible party is responsible for balances not paid by insurance.

Acknowledgment

[ ] I had the opportunity to ask questions

[ ] I understand treatment and financial estimates may change

Patient/guardian signature _____

Date _____