THE HAMPTONS DENTIST
Joshua A Weiler, DMD PC

27 Old Riverhead Road
Westhampton Beach | NY | 11978
thehamptonsdentist.com | 631.998.3980

GENERAL CONSENT FOR DENTAL TREATMENT

I, _____, consent to be a patient at the above named office and agree to a radiographic and clinical examination. I also understand and consent to the following:

1. During the course of treatment, I may undergo procedures in all phases of dentistry including gum treatment, oral surgery, endodontics (root canals), fixed and removable prosthodontics (crowns, bridges, and dentures), restorative dentistry, pediatric dentistry and radiography.
2. I will provide a thorough and complete medical history, supply a full list of my medications with dosages, and consent to my dentist communicating with my other medical practitioners to inquire about any aspect of my health history
3. No guarantees can be made about treatment outcomes, restoration longevity, or prognosis .I understand that any branch of medicine, including dentistry, can involve unanticipated results.
4. I will pay in full any cost of treatment or insurance copayments according to the office's financial policy. I understand that even if insurance pre-estimate is given or a procedure has been pre-approved, I am responsible for any costs that my insurance plan does not cover.
5. My treatment plan may change at any time and I will do my best to approach my dental care with optimism and open communication with my dentist and his staff.
6. I am welcome to ask questions about any aspects of my dental care and will request information if I am confused or need more information. I am responsible for clarifying any aspects of my treatment that I am unsure about.

Patient Name (Print): _____ Date: _____

Patient (Guardian if a Minor) Signature: _____ Date: _____

Witness Signature: _____ Date: _____