

I \_\_\_\_\_, the patient, hereby request and give consent for Dr. Michael Levy, D.D.S. to perform my dental treatment. This may consist of, but not limited to partial, limited or complete oral evaluation, as well as periodontal (gums), exam focused emergency only exam for treatment, dental evaluations, referral evaluation or second opinion for treatment. A written description, x-rays, photographs or video records can be made that are the property of Dr. Levy. These records can be used in dental evaluation, treatment or teaching purposes. My records maybe transferred at anytime, now or in the future to any other dentist for review, patient referral, insurance claims, practice transfer or as Dr. Levy sees necessary for my continued dental health or treatment. -If I am from outside of the greater Phoenix area I will do my own follow-up care as needed, with or without a referral by Dr. Levy.

Dental treatment performed in an outpatient facility is very safe, however, certain hazards can occur during treatment. Patients can become uncooperative, move without giving notice or become unconscious without warning. I understand reversible or irreversible damage to oral facial structures such as, but not limited to, gums, cheeks, teeth, tongue, lips can occur if I were to move unexpectedly or just due to the confines of the mouth. By giving permission for my dental treatment I also give Dr. Levy permission to do procedures that maybe deemed necessary in relation to the planned treatment. During treatment various sharp instruments or devices maybe used. Patients may experience soreness, discomfort, bleeding or swelling during or after treatment. The doctor may discontinue or reschedule treatment if it appears to be in my best interest, for safety or comfort level. I consent to the use of various medications or drugs for my well being and comfort such as, but not limited to, local anesthetics, narcotics, analgesics, anti-biotic, hemostatic agents, irrigation devices, cleaning agents, anti-carcinogenic (cavity prevention) products that maybe used, prescribed or dispensed for me. In the course of routine dental procedures certain products have been shown to create ill effects in laboratory animal studies. All products and techniques used by Dr. Levy are either A.D.A., or F.D.A. approved or recognized safe at this time. In some situations alternate materials are available and can be used on a case to case basis.

I understand that my dental treatment can consist of doing nothing and I accept any ill consequences now or in the future. I can go to the Emergency Room of my choosing. I may also attempt to repair or reverse damage that has occurred in my mouth. I understand that dental treatment may have limited time of service depending on the extent of damage, the care given to the repair as well as the complexity of the repair. I may also choose to remove the offending tooth or teeth as well as surgical treatment to attempt correction of the dental pathology (disease). I understand that dental treatment can be a permanent alteration to my body and I understand that changes to, but not limited to, my bite, tooth surface, change of feeling to my lips, gum, tongue, teeth or cheeks may occur.

Fees are settled as services are provided unless prior agreements have been made. Dental Insurance Companies do not guarantee payment nor eligibility. Claims are submitted only after verification and settled only when treatment is complete. In using insurance, I understand that I am fully responsible for the financial debt. I also understand and agree to settle my account in a swift manner, due to either the percentage of insurance coverage or lack of, or deficient of insurance payment. I may request a truth in lending statement showing a good faith estimate of fees, my payment obligations and estimate of insurance coverage. A fee of \$25 per 1/2 hour appointment maybe charged for appointments cancelled without at least a 24-hour notice. I may review or ask questions pertaining to my treatment. I have read this informed consent and sign without duress of my own volition.

\_\_\_\_\_ name or guardian

\_\_\_\_\_ date