

JEFFREY J. TIBBS, DDA, PA
3455 Healy Drive
Winston-Salem, NC 27103

INFORMED CONSENT:

I authorize and give consent to perform dental services agreed between Jeffrey J. Tibbs dental office and patient, parent or guardian to be necessary or advisable including routine hygiene, x-rays, the use of local anesthesia and other medication as indicated.

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

I further authorize the release of any information, including the diagnosis, radiographs and records of any treatments or examinations rendered to my insurance company, consulting professionals or others that 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 fees. I understand that payment is due when services are rendered. Any other arrangements for payment must be made before treatment begins.

Patient, Parent or Guardian Signature

Date