



Huffman and Kreger Family Dentistry
Dr. Richard Huffman, D.D.S.
Dr. Lee B. Kreger, D. D.S.

Consent for Treatment

1. I hereby authorize doctor or designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of (name of patient) _____'s dental needs.
2. Upon such diagnosis, I authorize the doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide care.
3. I also understand that treatment could go beyond what is originally expected due to such factors as decay, bone loss, fractures, etc.
4. I agree to the use of anesthetics. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask my doctor about such risks and any possible complications that could occur.
5. I agree to be responsible for payment of all services rendered on my behalf or on the behalf of my dependents.
6. Therefore, it is ultimately my responsibility to find out the estimated cost of such treatment prior to the beginning of said treatment.

Patient's Signature: _____ Date: _____

Witness: _____ Date: _____

Patient/Responsible Party's Signature: _____ Date: _____

Responsible Party's Relationship to Patient: _____