



CONSENT FOR SERVICES

David Stall Dental
David E Stall, DMD

Welcome to David Stall Dental! We are excited that you have chosen our office to help you to great oral health. We appreciate the trust you have placed in us, and we will do our best to provide the high-quality dental care that you expect and deserve. We believe you should receive prompt attention and excellent service. We believe a satisfied patient returns for additional services and refers others to the office that they feel would benefit from our services.

By signing, you hereby authorize Dr. Stall and/or his assignees to take radiographs, study models, photographs, or any other diagnostic aids deemed appropriate by the Doctor to make a thorough diagnosis of your dental needs. Additionally, you give permission for such items to be used for purposes of research, education, marketing or publication in professional journals. In addition, unless you notify our office otherwise, we may use your written comments in material to promote David Stall Dental and/or Dr. Stall.

By signing, you hereby authorize Dr. Stall and/or his assignees to perform any and all forms of treatment, medication and therapy that may be indicated. By signing, you also indicate your understanding that the use of anesthetic agents embodies a certain risk.

By signing, you hereby authorize David Stall Dental, Dr. Stall and/or his assignees to release information to third party payers about your treatment, and to other health practitioners involved in your care.

By signing, you hereby agree to assign all insurance benefits to David Stall Dental and/or Dr. Stall.

By signing, you hereby grant your permission to David Stall Dental and Dr. Stall or his assignees to contact you at home or at work to discuss matters related to your care.

I have read and understand the above conditions and agree to their content.

Signature of Patient or Legally Authorized Representative

Date

Printed Name of Patient or Representative

Relationship to Patient