

Consent to Perform Dentistry

I _____ hereby authorize Dr. Sam A. Merabi, DMD and or dental auxiliaries of his choice to perform the necessary and preventive dental care needed.

I authorize the doctor to use photographs, dental xrays and other diagnostic materials needed to properly diagnose and treat me as a patient.

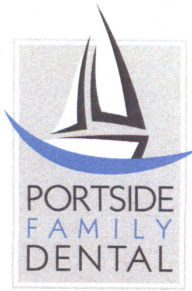
I will be advised that the success of dental treatment to be provided will require regular and consistent home care on the part of the patient and or parents of the patient and that regular office visits as scheduled by my dentist and his auxiliaries must be maintained.

I recognize that during the course of treatment unforeseen circumstances may necessitate additional or different procedures from those discussed. Upon such circumstances, I will be advised of the new course of action and will have the opportunity to ask questions so that I fully understand the necessary treatment needed.

I understand that there are risks involved in some types of treatment and that these risks will be explained to me. I will have an opportunity to ask questions regarding the treatment and the risks associated with the treatment so that I fully understand.

There are possible risks and complications associated with the administration of local anesthesia, sedation and drugs. Most common are swelling, bleeding, pain, nausea, vomiting, bruising, tingling, numbness of the lips, gums, tongue and face and allergic reactions. There are rare occasions of more serious side effects and I am fully aware and have been informed of the risks and complications.

Patient signature or (parent guardian)



Appointment Policy

Our Staff has made a promise, professionally and personally, to give you the concern, respect and care that makes our office a comfortable and pleasant place to visit. When we schedule a dental visit, that time is yours. It belongs to you. When you change or cancel your appointment – sometimes as little as an hour ahead of time, we feel like we've been stood up for a very important appointment: an appointment that has everything to do with your ongoing dental health.

Of course flat tires, sick children, and family emergencies do happen, and we understand, but the cost of needlessly missed appointments is borne by us all - in overhead, time and energy and eventually, in patient fees.

Dr. Merabi's office has a 24 hour change of appointment policy for all appointments, and the appropriate fee will be applied to missed appointments for those cancelled without the proper notification.

We value you as a patient and greatly appreciate your consideration!

Dr. Sam A. Merabi DMD

Print Name

Signature of patient (parent/guardian)

Date



Financial Policy

We strive to deliver the finest and most comprehensive dental care services and we are proud to extend to our patients the following payment options.

Insurance

As a courtesy to our patients, we gladly process insurance claims, estimate you're deductible and the portion not covered by your insurance. The amount not covered by insurance is due at the time of treatment. Our estimates are not a guarantee of benefits and are subject to final approval by your insurance company. **All charges are ultimately the patient's responsibility.**

Payment Options

We accept cash, money orders, personal checks, Visa, MasterCard, American express, and Discover cards.

We are happy to introduce Care Credit; this plan offers a separate line of credit to cover your entire family's dental care needs.

- A credit line can usually be established and approved in less than 10 minutes
- There is no annual or membership fee
- Care Credit has an interest-free option
- Monthly payments as low as 0% of the outstanding balance

Print Name

Signature of patient or Parent guardian

Date