

Aleksandra Morel, DDS
Family and cosmetic dentistry
5501 Independence Pkwy
Plano, TX 75023

Informed Consent

Patient Name _____

Please initial every paragraph

____ I understand that I am in a dental office seeking dental evaluation and/or dental care.

____ I understand that Dr. Morel is a general dentist who received her education at Baylor College of Dentistry, Texas.

____ I understand that I must disclose all of the medical information to the doctor and notify of any changes that may occur during the course of treatment. It is important to list all of the drugs that I take, or state any known allergies.

____ I understand that most of the procedures are performed under local anesthesia. This type of anesthetic is by far the most common form used in dentistry. You will receive an injection of a local anesthetic during most of the procedures. An additional fee is NOT charged for this anesthesia service. Please let us know if you are allergic to local anesthetic. I am allergic to _____.

____ I consent to having composite fillings placed in my mouth when advised by a dentist. Composite fillings are tooth-colored. We do not place amalgam (silver) fillings in this office.

____ I understand that I will be given an additional consent if extractions or root canal procedures are needed.

____ I understand that payment is required on a day of service.

____ I understand that Dr. Morel and her staff will file dental insurance claims for me, but I am responsible for the remaining unpaid portion. Dental insurance does not always pay for the services provided by your dentist. The best way to learn how much your carrier may pay is to file a predetermination claim.

I read every paragraph carefully and understood it well. _____

Signature and date

Witness _____

Translated by _____