



## GENERAL CONSENT FORM

I give my permission to members of the staff of Dr. Peter Barnard to provide me with an examination and Digital X-rays, as needed. This will include an evaluation of my teeth for decay, my gums for detachment and/or gum disease, and an oral cancer screening. As a result of this examination, additional care may be recommended. The following will provide information about the dental procedures that are most often recommended to our patients:

**A Cleaning:** Most people expect to receive an examination by the dentist, along with x-rays and a cleaning. In some cases, it may be determined that a patient has gum disease or infection for which a cleaning would be inappropriate and could be harmful. We will inform you if you may have a cleaning after we have provided you with a thorough examination and evaluation of your teeth and gums.

If other procedures are recommended or required, our staff will be happy to go over the benefits and risks with you, and provide you with additional written information.

Although we will have made recommendations for your oral health care that we believe will provide you with long-term benefits, one choice you always have is to do nothing. Before you plan to do nothing, please be sure to ask our staff about the likely consequences of doing nothing. This way, you will be able to make a more informed decision.

I have read and I understand the contents of this document. If I had any questions, a member of Dr. Peter Barnard's staff has answered them to my satisfaction. I also understand that payments for services are due and payable at the time I receive those services. My responsibility will be explained to me as treatment is recommended.

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Patient, Parent or Guardian Name	Signature	Date
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Witness Name	Signature
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