

General Consent For Treatment

I hereby consent to the performance of dental treatment upon _____ by The
Bonner Dental Network, PC. Patient Name

Such treatment will be explained to me and will not proceed without my acceptance. I
reserve the right to ask specific questions before recommended treatment commences.

The nature and purpose of the treatment rendered, possible hazards, and alternative
methods of treatment will be fully explained to me. I understand the risks involved
with proceeding with treatment. No guarantee, warranty, or assurance has been given to
me that the treatment will be successful or to my complete satisfaction. This consent
pertains to treatment rendered upon said patient while in the physical office of The
Bonner Dental Network, PC

Signature of Patient or Legal Guardian Date _____

Referral Information

Whom may we thank for referring you to our practice? Another patient, friend another patient, relative
 Dental Office Yellow Pages Newspaper School Work Other _____

Name of person or office referring you to our practice: _____