

CARTER AND HOFF DENTISTRY

Holly J. Carter, DDS

Melissa H. Hoff, DDS

General and Family Dentistry

4316 Henson Drive Wilmington, NC 28405

P (910) 395-1585 / F (910) 392-5249

info.carterandhoffdds@gmail.com

www.carterandhoffdds.com

CONSENT FOR TREATMENT

1. I hereby authorize the doctor or designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of (print patient name)_____’s dental needs.
2. Upon such a diagnosis, I authorize the doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care. I understand that the treatment plan to be presented, along with fees outlined, could change depending upon the time elapsed since the initial examination and extent of dental pathology.
3. I agree to the use of anesthetics, sedatives, and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.
4. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made prior to the work being done. I understand that the filing of insurance by this office is a courtesy to me and that I am responsible for any bill incurred.
5. I understand that all accounts over 90 days past due are subject to 1.5% interest monthly or 18% interest annually and may be turned over for collections through an agency or through small claims court at an additional charge to my account. I also understand that a check of my credit history may be made.

Patient Signature

Parent/Guardian Signature
(if patient is a minor)

Date

Witness Signature

Date

Dr.'s Holly Carter and Melissa Hoff would like to welcome you and your family to our practice. We strive to provide quality dental care in a timely manner, and we truly value our patients. We appreciate the confidence you place in us by making us your dentist.