JOHN FONDER D.M.D.
MIDTOWN DENTAL ARTS

MAILING ADDRESS
1444 S. Norfolk Ave.
Tulsa, OK 74120
918 747 8802

WEB ADDRESS
midtowndentalarts.com

EMAIL ADDRESS
info@midtowndentalarts.com

CONSENT FOR SERVICES *Please read carefully.*

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will prepare the patients insurance forms or assist in making collections from insurance companies and will credit any such collections to the patient's account. However, this office cannot render services on the assumption that our charges will be paid in full by an insurance company.

I understand that fee estimates are subject to change after a period of 3 months. I agree to pay all portion of charges incurred at the time of service. I grant permission to you, or your assignee, to telephone me at home or at my work to discuss matters related to this form. I grant permission to you, or your assignee, to telephone or give information to my insurance company for purposes of filing my insurance.

I certify that the answers to the health questions are correct. Since a change of medical conditions or medications can affect dental treatment, I understand the importance of, and agree to notify the doctor of any changes at any subsequent appointment. I give my consent for the dental treatment the doctor indicates on the examination chart and any other dental treatment deemed necessary or advisable as a corollary to the planned dental treatment. I also agree to the use of a local anesthesia, as needed.

If patient is a minor, I hereby grant permission for dental treatment to be performed on this minor and will assume all responsibilities connected with such treatment.

Signature of patient, parent or guardian:

Signature: _____ *Date:* _____