

PATIENT AGREEMENT

I, _____ (Print Name), have received a copy of the 2004 Dental Materials Fact Sheet approved by the California Dental Board. I have had the opportunity to read and discuss the information with my Dentist, Dr. Jessica Kim, DDS., prior to the placement of any dental restorative work.

AUTHORIZATION:

The information that I have given today is true and correct, to the best of my knowledge. I understand that it is my responsibility to inform Urban Dental of any changes in my medication or medical condition. I authorize Dr. Jessica Kim to perform any necessary dental services such as X-rays, study models, photographs or other diagnostic aids deemed appropriate by the Doctor to make a through diagnostic examination. I also authorize Dr. Jessica Kim to perform any and all forms of treatment, therapy and administer/dispense medication with my informed consent.

Initials _____

I also authorize direct payment of group insurance benefits, otherwise payable to me, to Dr. Jessica Kim. I understand that I am directly responsible for all costs or Co-payments for my dental treatment provided. **All payments are due at the time services are rendered.** I grant Dr. Jessica Kim the right to release my dental records to a third party payer or other health care professionals involved in my care.

Initials _____

APPOINTMENTS:

Your appointments are reserved just for you. If you cannot keep your appointment, we ask that you please give Urban Dental at least a **48 hour notice** of any cancellation or reschedule. **We reserve the right to charge a \$50 fee per hour for any missed or broken appointments within a 48 hour notice.** The missed or broken appointment charges are **NOT** applicable towards any treatment payments.

Initials _____

If you **do not confirm** your scheduled appointment with Urban Dental **within 24 hours of your scheduled appointment**, then we reserve the right to **cancel your appointment** and reschedule your appointment to another day.

Initials _____

Patient/Guardian Signature _____ **Date** _____