



Robert L. Brookings, DMD
Practicing the Artistry of Dentistry

Consent Agreement

1. I hereby authorize the doctor or designated staff to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of my dental needs.
2. If further information is needed you have my permission to ask the respective health care provider or agency, who may release such information to you.
3. Upon such 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.
4. I consent to the use of appropriate medication and therapy as deemed necessary. I fully understand that using anesthetic agents embodies a certain risk.
5. Dr. Brookings is involved with educational programs and training. Your assistance in allowing him to document your case will benefit other patients.
 - I do I do not consent to the use of my x-rays, records, and photographs for demonstration, scientific teaching or research purposes. Your identity will be kept confidential
 - I do I do not consent to the use of such records for demonstration to other patients, promotion of services or advertising. This may include images displayed on a website, social media or other internet location. Your identity will be kept confidential.
6. Lastly, I agree to be responsible for payment of all services rendered on my behalf or my dependants. I understand that payment is due at the time of service unless other arrangements have been made.

Patient or legally authorized individual signature Date

Printed Name if signed on behalf of patient Relationship (parent,etc) Patient Name

Scheduling Information

Your appointment time is tailored and reserved for you. If the need arises to make a change in your reserved appointment, please provide us at least **2 or more business days** notice. This courtesy on your part will make it possible to give your appointment time to another patient in need to see the dentist or hygienist.

If your schedule does not permit you to plan in advance, we might suggest placing you on our list of patients to call on a short notice basis. Let us know if this is appropriate for you.

Please feel free to discuss any questions with us any time.

I have read and understand the above information _____ (please initial).