

J.M. Morrison, D.D.D., PA
Ashley H. Lloyd, D.D.S.
615 St. Mary's Street
Raleigh, NC 27605

Patient Consent

The undersigned hereby authorizes Doctor to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental needs. I also authorize Doctor to perform any and all form of treatment, medication and therapy that may be indicated in connection with (Name of Patient) _____ and further authorize and consent that Doctor choose and employ such assistance as deemed fit. I also understand that use of anesthetic agents embodies a certain risk. I understand the responsibility for payment for Dental Services provided in this office for myself or my dependents is mine, due and payable at time services are rendered unless financial arrangements have been made. I further understand that a 1-1/2% finance charge (18% annually) will be added to any balance over 60 days. In the event of default I (we) promise to apply interest on the indebtedness, together with such collection costs and reasonable attorney fees may be required to effect collection of this note.

Patient _____ Date _____ Witness _____

Patient or Responsible Party _____

Relationship to Patient _____

I, the undersigned, hereby attest to have been informed of and to understand the risks, consequences and complications that may result from the procedure _____. All of my questions have been answered and I understand the options. Information for this procedure was provided both verbally and in written form.

Patient _____ Date _____ Witness _____

I, the undersigned, hereby attest to have been informed of and to understand the risks, consequences and complications that may result from the procedure _____. All of my questions have been answered and I understand the options. Information for this procedure was provided both verbally and in written form.

Patient _____ Date _____ Witness _____