

Dental Consent form

Following is the consent form for Dentist and Registered Dental Hygienist

Name of the Resident

Room. Number

Facility name

Using wheel chair/ walker/ none _____

The fee for the initial new patient exam is \$ 105. However for the patients with complete upper and lower dentures and without any natural teeth the initial exam fee is \$50. (It includes the assessment of the oral pathologies on tongue, lips, mouth. Stability, retention and wear of dentures and assessment of the denture related tissue disorders.)

Please note: there will be an institutional visit charge of \$ 14.00 (that covers the cost of a visit to an institution, transportation of equipments such as dental chair, autoclave, dental light, dental unit with different attachments, hand pieces & supplies, set up and tear- down of equipments, Travel costs (i.e. Gas mileage) etcetera.

CONSENT BY AUTHORIZED PERSON

After performing these exams, if any dental treatment is required, Dr. Roy or his staff will discuss with me and will obtain appropriate authorization before providing any additional dental treatment.

I authorize initial new patient exam for the above resident.

_____ Yes

Name of financially responsible person
(Resident/ family/ trust etc.)

Relationship to resident.

Address

_____ Phone no.

Email address: _____

Authorizing Signature

Date

If you have any dental insurance, we shall send you the appropriate receipt after the payment is received. You can claim directly from your insurance company and they will reimburse you.

Please return the completed form either to the facility or to –

Nasim Roy (Registered Dental Hygienist) at 3759 Dundee Place, Abbotsford, BC, V2S 7A5

Phone # 604 –614- 5078

Fax # 604 - 755 - 3677