

# ARNETT DENTAL CARE

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Murray, KY 42071  
(270) 753-6327  
Fax (270) 753-6386

## DENTAL TREATMENT CONSENT FORM

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I understand that proposed treatment may change based on conditions found during the course of treatment that were not visible during the initial examination. I also understand that the treatment rendered may be different than traditional treatment due to considerations of the patient's age, medical condition, and out of office treatment environment. I understand the risks of not having recommended treatment performed. I also give my consent to any advisable and necessary dental procedures, medications, or anesthetics to be administered by the attending dentist for diagnostic purposes or dental treatment.

I have received information about the proposed treatment, possible complications and risks, and in spite of this, I realize the contemplated treatment is necessary and desired by me. I give my consent and authorization for Arnett Dental Care, Dr. Mark Arnett, and his assigned associates to provide dental treatment. I also accept full financial responsibility, regardless of insurance coverage, for the dental treatment received.

Print Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_