

# Patient Authorization & Consent for Dental Treatment

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## Patient Understanding:

1. I am of legal age and qualified to give voluntary consent to have dental treatment performed by the dental staff.
2. I completely understand the purpose of the prescribed dental treatment including any possible risks, complications, and alternative care, including no treatment.
3. I consent to the application and administration of the appropriate anesthetic agents that may be deemed necessary for the treatment.
4. I am fully aware of and consent to changes that may occur during the treatment that are dictated by clinical condition.
5. I acknowledge that no guarantees of outcome of any treatment can be made by the dental staff.
6. I consent to the disposal of any hard or soft tissues removed as a result of treatment.
7. I authorize and request the performance of procedures as indicated by the dental staff.
8. I acknowledge and agree to be responsible for payment of all services rendered on my behalf or my dependants.
9. I have read and understand all of the above statements and agree to proceed in good faith.

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Patient and/or Guardian Legal Signature

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Date

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Dentist Signature

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Witness Signature