

Erica's Mobile Smiles

Patient Consent to Treatment

Outline of Treatment:

1. Initial Examination (must be completed by all new patients)
2. Initial Dental Cleaning (scaling, selective polish, fluoride treatment)

I authorize the implementation and completion of the above stated treatment plan. I fully understand and agree with the above treatment plan as presented by *Erica's Mobile Smiles*.

X_____ Date_____

I understand and acknowledge that *Erica's Mobile Smiles* provides Dental Hygiene services only and as such cannot diagnose dental conditions (eg. cavities). It has been explained to me that Erica's Mobile Smiles still recommends a yearly examination with a qualified Dentist.

X_____ Date_____

Patient Health and Medical History Form Signature

I have completed to the best of my ability the Health and Medical History Form in Maxident. I agree that the information disclosed in the Health and Medical History form is correct and in full.

X_____ Date_____