

Gentle Family Dentistry and Orthodontics

Dr. Sage L White D.D.S., F.A.G.D., P.C.

Dr. Trevor S. White D.D.S.

CONSENT FOR TREATMENT

I authorize Dr. Sage L. White, or such associates as he may designate, to perform those procedures that may be deemed necessary or advisable to maintain my dental health. This includes the administration of any sedative (including nitrous oxide or deep sedation), analgesia, therapeutic, and/or pharmaceutical agent(s) used during restorative, palliative, therapeutic or surgical treatments. I understand that the administration of local anesthetic may cause an unfavorable reaction or side effects. These may include, but are not limited to bruising, hematoma, cardiac stimulation and temporary or permanent numbness. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with general treatment procedures. I assume the risks in hopes of obtaining the potential desired results and understand they may not be achieved, for my benefit or the benefits of my minor child or ward.

Revised: 8/30/2019

MISSED AND CANCELLED APPOINTMENTS

Our office takes great care to give dedicated time to each of our patients. Cancellation of your appointment requires there to be enough time to allow another patient the opportunity to fill the scheduled time. Therefore, unless canceled 24 hours in advance, our policy is to charge for missed appointments at the rate of \$25 per half hour that was reserved for you.

When appointments are scheduled for 90 minutes or more, we require half the expected fee to be paid at the time the appointment is made to reserve that time for you. Should you need to cancel that appointment, 48 hours notice will be required or the fee is non-refundable.

Revised: 8/30/2019

MEDIATION AGREEMENT

Should any claim or controversy arise between myself and/or my minor child or ward, and the dentist concerning the care and treatment rendered by the dentist, or associates, concerning the care, quality and/or treatment rendered by the dentist or associates to the patient, an effort shall be made by the parties involved to resolve the dispute through mediation and according to the rules of WESTERN MEDIATION. This or any claim or controversy shall first be submitted to a non-binding mediation. The foregoing mediation agreement does not pertain to actions taken for the collection of debts owed as a result of dental services rendered. If circumstances arise, I may choose to opt out of mediation service by contacting this office with written notice.

Revised: 8/30/2019