

Brian G. Sanford D.D.S
2551 N. Green Valley Pkwy., Bldg. C Ste. 301
Henderson, Nevada 89014
702.451.8181

Consent for Treatment & Financial Policy

1. I hereby authorize Dr. Sanford or designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by Dr. Sanford to make a thorough diagnosis of (patient's name) _____'s dental needs.
2. Upon such diagnosis, I authorize Dr. Sanford to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
3. I agree to the use of anesthetics, sedatives and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.
4. **I agree to financial responsibility for all charges incurred for services rendered on my behalf or my dependants regardless of insurance coverage. I understand that payment is due at the time of service.**
5. In the event that payment in full for charges incurred is not made, I agree to pay all costs of collection including a 35% collection fee, attorney fees, court costs and interest at the rate of 1.5% per month (18 % annum). I also agree to submit myself to the jurisdiction of the courts of Clark County, Nevada. _____ Date
6. To all patients with dental insurance: Your dental insurance is a contract between you and/or your employer and the insurance company. All benefits given are an estimate. Your insurance company may have arbitrarily set maximum allowable amounts for certain procedures. Any amount over that maximum is considered patient responsibility.

Signature of Patient or Guardian

Date

Print name

Relationship to patient

Witness Signature