

Esthetic and Implant Dentistry  
8136 Okeechobee Blvd Ste B  
West Palm Beach, FL 33411  
(561) 683-4488

GENERAL CONSENT FOR TREATMENT

I authorize Esthetic and Implant Dentistry, the office of Dr. Jackie C. Johns, his associates and dental auxiliaries working under the supervision of the dentist to perform the following dental procedures:

- OPERATIVE
- X-RAYS
- RESTORATIVE
- PERIODONTICS
- ENDODONTICS ORAL SURGERY
- FIXED APPLIANCES
- ORTHODONTICS
- LOCAL ANESTHESIA
- OTHER: \_\_\_\_\_

I have read and fully understand this consent form. The treatment is necessary for my well-being and to decrease any possible risks and complications. Any possible alternative methods have been explained to me.

I have been given an opportunity to ask questions and my questions have been answered to my satisfaction.

I understand that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made as to the result of this treatment.

Patient \_\_\_\_\_

Witness \_\_\_\_\_

Signature of person authorized to consent for patients under 18 years of age  
\_\_\_\_\_

Relationship to patient \_\_\_\_\_

Date \_\_\_\_\_

\*\*\* All insurance assignments are considered a method of reimbursing the patient for fees paid to the doctor. They are not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charges. It is your responsibility to pay any deductible amount, co-insurance or remaining balance after insurance payment.