iSmile Specialists
14121 Southwest Freeway #B
Sugar Land, TX 77478
281-4 iSmile

I, _____, consent to be a patient at iSmile Specialists and agree to a radiographic and clinical examination, I also understand and consent to the following:

1. During the course of treatment, I may undergo procedures in all phases of dentistry including periodontics (gum treatment and surgery), oral surgery, endontics (root canals), fixed and removable prosthodontics (crowns, bridges, and dentures), implant dentistry, restorative dentistry, temporomandibular disorder treatment, sleep apnea treatment, oral pathology, pediatric dentistry, and radiography.

2. I will provide a through and complete medical history, supply a full list of medications with dosages, and consent to my dentist communicating with my other medical practitioners to inquire about any aspect of my health history. I will inform my dentist of any medical changes.

3. No guarantees can be made about treatment outcomes, restorative longevity, or prognoses. I understand that any branch of medicine, including dentistry, can involve unanticipated results.

4. I will pay in full any cost of treatment or insurance pre-estimate is given or a procedure has been preapproved, I am responsible for any costs that my insurance does not cover.

5. My treatment plan may change at any time and I will do my best to approach my dental care with optimism and open communication with my dentist, hygienist, and dental office staff.

6. I am welcome to ask questions about any aspects of my dental care and will request information if I am confused or need more information. I am responsible for clarifying any aspects of my treatment that I am unsure about.

_____	_____	_____
Parent or Guardian Name	Signature	Date
_____	_____	_____
Witness	Signature	Date