Teresa Lemmon Dental Hygiene Care
29 Wellington St. N. Woodstock, Ontario N4S 6P4
Office 519-536-9999 / Cell 519-532-4823 / tlhealthymouth@gmail.com

Consent to Treatment

GENERAL RELEASE (Please sign after completing medical and dental history forms).

- I, the undersigned, certify that I have provided an accurate and complete personal, medical and dental history and have not knowingly omitted any information.
- **Should there be any change in either the health status or any other information I have provided, I will advise this dental hygiene office.**
- I authorize the dental hygienists to perform procedures required to determine necessary treatment and then to provide the necessary treatment.
- I give consent to discuss my medical or dental health with any and all of my health providers as they deem necessary to properly render treatment.
- I give consent for my dentist, doctors, and other health care providers, including nursing home staff to release any necessary medical/dental information to Teresa Lemmon Dental Hygiene Care.

We understand the importance of protecting your personal information.
We are committed to collecting, using and disclosing your personal information responsibly.

- I understand that my personal information will be collected, used and disclosed within the guidelines of this policy.

Patient's Name _____ **Parent's / Power of Attorney's Name_____**
(if applicable)

Patient / Parent / Power of Attorney Signature _____

Financial Policy

- Please pay for all treatment on day of service.
- Method of payments accepted is: Cash, Debit, Cheque. (Master Card and Visa accepted under special circumstances).
- Cheques will be accepted in special circumstances and will be decided by Teresa Lemmon Dental Hygiene Care. Please note any cheques returned as insufficient funds are subject to a $25 administration fee plus the financial institutional fee attached to individual cheque.
- Any dental insurance coverage you have is a contract between you and your insurance company. You are responsible for full payment of treatment regardless of what your plan may cover.
- We will try and work with what your plan covers. Since we cannot possibly know all of the different insurance plans it is up to you to know what your plan covers. Please provide us with your coverage so we can keep a record of your plan in your chart for reference.
- As a valued patient we reserve a special amount of time for your appointments and as we respect your valuable time we expect you to do the same, therefore, missed or cancelled appointments without 24 hrs notice are subject to a fee.

- **I give consent for Teresa Lemmon Dental Hygiene Care to obtain insurance information and send my dental claims to my insurance company by mail or electronically. I give consent to discuss any aspect of my dental care with their dental claims department with regards to any dental claims submitted for me.**

I understand that responsibility for payment of the dental hygiene services for myself or my dependents is mine and I assume full responsibility for fees associated with these services.

Patient's Name _____ **Parent's / Power of Attorney's Name_____**
(if applicable)

Patient / Parent / Power of Attorney Signature _____

Date _____