



**SOUTH MUSKOKA
DENTAL GROUP**

SOUTH MUSKOKA DENTAL GROUP
365 Muskoka Road South Suite 1
Gravenhurst, Ontario, PIP 1J5
705-687-8261
appointments@southmuskokadental.com

CONSENT FOR SERVICES

I _____ undersigned, certify that I have provided an accurate and complete personal and medical-dental history and have not knowingly omitted any information. I had the opportunity to ask questions and receive answers to any questions regarding my medical-dental history. SHOULD THERE BE ANY CHANGE IN MY HEALTH STATUS OR ANY OTHER INFORMATION I HAVE PROVIDED, I WILL ADVISE SOUTH MUSKOKA DENTAL GROUP. I authorize the dentist to perform diagnostic procedures as may be required to determine necessary treatment. I understand that information provided from or to my medical doctor or another health care provider may be necessary. I have been advised of the privacy policy of the office and that my personal information will be collected, used and disclosed within these guidelines of the policy. I understand that responsibility for payment of the dental services for myself and dependent is mine, and I assume responsibility for fees associated with these services.

I authorize release, to my dental benefits plan administrator and CDA, information in claims submitted electronically.

This authorization shall continue in effect until the undersigned revoked the same.

I know that your office has a Privacy Code, and I can ask to see the code at any time.

I agree that South Muskoka Dental Group can collect, use and disclose personal information about myself as set out in the office's privacy policies.

Signature of Patient, Parent or Guardian

Date

Relationship to Patient