

Hidy Stavarache, D.D.S.
Family and Cosmetic Dentistry
9910 W. Cheyenne Avenue, Suite 170 Las Vegas, Nevada 89129
(702) 233-8371 Fax (702) 233-8692
Contactus@Stavarachefamilydental.com

Responsibility and Consent Statement

I hereby authorize and request the performance of dental services for the individual named:

Patient Name

Date of Birth

Address: _____

I also give my consent to any advisable and necessary dental procedures, medications, or anesthetics to be administered by the attending dentist or by the supervised staff for diagnostic purposes or dental treatment.

I understand and acknowledge that I am financially responsible for the services provided for the above named, regardless of insurance coverage.

This authorization is effective now and will remain in effect until _____.

Signature of Patient, Parent, Guardian or Personal Representative

Date

Printed Name of Patient, Parent, Guardian or Personal Representative

Relationship