

FRENCH H. MOORE III, DDS, P.C
321 COURT ST. NE, ABINGDON, VA 24210

REGISTRATION CONSENTS

I, _____, consent to be a patient at the above named office 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, endodontics (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 thorough and complete medical history, supply a full list of my medications with dosages, and consent to my dentist communicating with my other medical practitioners to inquire about any aspect of my health history.
3. No guarantees can be made about treatment outcomes, restoration 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 co-payments according to the office's financial policy. I understand that even if an insurance preestimate 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.
7. I understand that photographs, videotapes, or other digital images may be made or recorded to document my care. While they belong to French H. Moore III, DDS, P.C., I may request to view or obtain a copy. I understand that these images will be kept secure to protect my privacy, and that they will not be released or used without written consent from me or my legal representative.
8. I understand that the office may contact me via text, email, phone or mail about appointments using the contact information provided, even if that contact is a family member, relative, or friend.
9. I understand that I may receive periodic, email newsletters about general dental health, but that my address will not be shared for any other solicitation purposes.