



## Background Information for Patients Considering Dental Treatment

Please find to follow a treatment plan and quotation for the proposed dental treatment. Before treatment is commenced I would like you to read the following important information. If after reading this information you have any questions in relation to any aspect of your treatment please ask.

### Costs:

Your quotation covers the cost of the following; \_\_\_\_\_

\_\_\_\_\_

Payment in full is required on the day of treatment of \_\_\_\_\_

### Health Funds:

Your quotation includes the Australian Dental Associations scheduled item numbers and tooth identification if applicable. These numbers are recognised by the health funds.

It is important to note that this surgery has no affiliation with any private health fund. I answer to you for the services that I provide and the fees that I charge. That is your right and my responsibility. Your insurer answers to you for the rebates they give. That is your right and their responsibility. It is neither my responsibility nor my right to be involved in that relationship.

## Consent for Treatment

This is my consent for Dr. \_\_\_\_\_ to provide the dental care as indicated on my treatment plan/quotation:

- I have read the provided background information and ADA handout for this course of treatment.
- I have received a written quotation and am clear on the costs involved in this course of treatment.
- I am aware and accept that there are treatment limitations.
- I am aware that specialist referral is available for this procedure

Signature by Patient or parent if minor \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_