

## PATIENT AUTHORIZATION FORM

- I hereby authorize Dr. Harris & Kitley to perform upon me or the named dependent patient any indicated mutually agreed upon treatment.
  
- Dr. Harris & Kitley has fully explained to me the purpose of the procedure(s) and has also informed me of expected benefits and complications (from known and unknown causes), attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment including no treatment.
  
- The attendant risks of no treatment have also been discussed.
  
- I have been given an opportunity to ask questions, and all my questions have been answered fully and satisfactorily.
  
- I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the procedure(s).
  
- I understand that during the course of the procedure(s) unforeseen conditions may arise which necessitate treatment different from those contemplated. I therefore consent to the performance of additional treatment which the above named dentist may consider necessary after having been explained to me and with my permission.

I hereby consent to the proposed dental treatment.

\_\_\_\_\_  
Signature of patient or parent if minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

**Dentist certification**

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives (including no treatment and attendant risks) to the proposed procedure(s). I have offered answers to any questions and have fully answered all such questions. I believe that the patient / parent / guardian fully understands what I have explained and answered.

\_\_\_\_\_  
Dentist signature

\_\_\_\_\_  
Date