

**Warren Dentistry**  
**Blaire E. Warren, DDS, PLLC**  
142 Doctors Drive  
Boone, NC 28607  
828-264-2762

**Consent for Services**

As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from the patients for costs incurred in their care and financial responsibility on the part of each patient must be determined before treatment.

Patients who carry dental insurance understand all dental services furnished are charged directly to the patient and he or she is personally responsible for payment of all dental services. This office will help prepare the patient's insurance forms. However, this office cannot render services on the assumption our charges will be paid by an insurance company.

I understand the **fee estimate** listed for this dental care can only be extended for a period of **six months** from the date of the patient examination.

**Fees for services are due at the time treatment is rendered.** Payment may be made in cash, check, or by credit card. We also offer third party financing.

I grant my permission to you or your assignee, to telephone me at home or at my work to discuss matters related to this form.

**I have read the above conditions of treatment and payment and agree to their content.**

Signature of patient, parent or guardian \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Signature of guarantor of payment/responsible party \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_