

Sonny V. Eslampour, D.D.S.

Patient Name (Print)

555 S. Rancho Santa Fe Road, #100 San Marcos, CA 92078 Phone (760) 510-9009 Fax (760) 510-8008 www.platinumdental.com www.tmj-therapy.com

Consent of Treatment

I hereby give consent to the doctors at Platinum Dental Inc. to take radiographs, study models, or any other diagnostic aids deemed appropriate by the doctors to make a thorough diagnosis of my dental needs. I also authorize and consent the doctors to perform and employ any and all forms of treatment, medication, and therapy, which may be indicated in connection with my dental needs. I understand the use of anesthetic agents embodies a certain risk. You may obtain a copy of the "Dental Material Fact Sheat"

be indicated in connection with my dental needs. I understand the use of anesthetic agents embodies a certain risk. You may obtain a copy of the "Dental Material Fact Sheet".	
Signature (Patient/Responsible Party)	Date
(For the Usage and /or Disclosure of Prote	nt of Disclosure ected Health Information accordingly to the ccountability Act of 1966 (HIPAA))
I hereby give consent to Platinum Dental I furnishing care with Platinum Dental Inc. Information (PHI) for the purposes of trea operations.	to use and disclose my Protected Health
Our posted Privacy Policy Notice (in reception room) and disclosure of your Protected Health Information. Policy Notice before you sign this consent.	
	form. This may be delivered in person or by mail, but it. Your cancellation will not be effective to the extent
	e and disclosure of your protected health information operations. We are not required to grant your request, o us.
We reserve the right to amend the terms of our posted the current posted Privacy Policy Notice upon reques	
I understand that this consent shall remain in force so	long as I am a patient of this practice.
Signature (Patient/Responsible Party)	