

CONSENT

I,....., residing at:

Street name & number:.....

Suburb:.....City/Town:.....

confirm and agree that:

1. The dentist on examination will be discussing/explaining a treatment plan, the risk and alternative treatment available to me.
2. I understand that if any changes occur in the treatment it will be explained to me together with estimated costs.
3. I understand that unforeseen complications may arise during treatment and may require different or additional treatment than what was explained to me. I give permission to the dentist or any other specialist I am referred to, to carry out such further or different treatment as may be necessary in the dentist's or specialist's professional judgement.
4. I have been informed that the fees charged by this practice are for the most part based on the patient's individual medical scheme rates. However, there are certain procedures which might not be listed in my medical scheme, or where my scheme or insurance plan does not cover Eden Dental Centre's rates which may be above scheme rates for certain procedures or benefits. In these instances, the fees are determined by the dentist based on the quality of services, practice costs, quality materials and best practice rendered by Eden Dental Centre. These fees usually apply to crowns, implants and bridge work, as well as dentures, happy gas and in most cases root canal treatment. The method of how the fees and estimates are submitted and operate is available from reception in the practice rules (Introduction and Informative pamphlet), as well as on digital media and Eden Dental Centre's website **www.edenvaledentist.co.za**. I understand that I need to settle these fees on preparation of treatment. Furthermore, I understand that Eden Dental Centre does not run accounts and that any amount due becomes payable immediately.
5. I understand that I can ask any question that I may have regarding treatment and fees charged before treatment begins.
6. I agree that my co-operation is important and shall keep scheduled appointments made for me and agree that I may be charged for appointments not kept.
7. I authorize the dentist to disclose to my medical scheme, funders, employers or any third party (Specialists, GPs, Pharmacists, Emergency Services) as directed by Eden Dental Centre, any dental records and information including any treatment plans, prescriptions and other information pertaining to my care by this practice. I understand that the reports may contain personal and confidential information which will be in strict accordance to HPCSA (Health Professions Council of South Africa) rules.
8. I certify that I fully understand this consent.

DATE:.....SIGN:_____PATIENT/PARENT/ GUARDIAN

EDEN DENTAL CENTRE (DR P F AGOSTINETTO)

WITNESS :