

Del Mar Dentistry Center

**Rokhsar Eizadi, D.D.S.**

Cosmetic & General Dentistry

318 9<sup>th</sup> St. #C Del Mar, CA. 92014

1. The undersigned hereby authorizes doctor to order x-rays, study models, photographs, or any other diagnostic aids deemed appropriated by doctor to make a thorough diagnosis of the patient's dental needs.
2. I also authorize doctor to perform all recommended treatment mutually agreed upon treatment in connection with (name of patient) \_\_\_\_\_. I understand that using anesthetic agents embodies a certain risk. I authorize and consent that doctor to choose and employ such assistance as deemed fit to provide recommended treatment.
3. I understand that all responsibility for payment for dental services provided in this office for my dependents or myself is due and payable at the time service is rendered unless other arrangements have been made. In the event payments are not received by agreed upon dates, I understand that 1 ½% finance charge (18%APR) may be added to my account, in addition to any collection charges.
4. I understand that where appropriate, credit bureau reports may be obtained.
5. I understand that it is my responsibility to advise your office of any charges in the information obtained on this form.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Responsible Party: \_\_\_\_\_

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