



# DAIRY LANE DENTAL

DAIRY LANE DENTAL  
23 Dairy Lane, Unit 1  
Huntsville, Ontario, PIH 1T4  
705-789-9521  
appointments@dairylanedental.com

## CONSENT FOR SERVICES

I \_\_\_\_\_ undersigned, certify that I have provided an accurate and complete personal and medical-dental history and have not knowingly omitted any information. I had the opportunity to ask questions and receive answers to any questions regarding my medical/dental history. SHOULD THERE BE ANY CHANGE IN MY HEALTH STATUS OR ANY OTHER INFORMATION I HAVE PROVIDED, I WILL ADVISE DAIRY LANE DENTAL. I authorize the dentist to perform diagnostic procedures as may be required to determine necessary treatment. I understand that information provided from or to my medical doctor or another health care provider may be necessary. I have been advised of the privacy policy of the office and that my personal information will be collected, used and disclosed within these guidelines of the policy. I understand that responsibility for payment of the dental services for myself and dependent is mine, and I assume responsibility for fees associated with these services.

I authorize release, to my dental benefits plan administrator and CDA, information in claims submitted electronically.

This authorization shall continue in effect until the undersigned revoked the same.

I know that your office has a Privacy Code, and I can ask to see the code at any time.

I agree that Dairy Lane Dental can collect, use and disclose personal information about myself as set out in the office's privacy policies.

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Signature of Patient, Parent or Guardian

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Date

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Relationship to Patient