

McGinley Family Dentistry

Shawn McGinley, D.M.D., PC

CONSENT FOR TREATMENT

The undersigned hereby consents to any dental treatment rendered by the Dentists and Hygienists of the office of Dr. Shawn McGinley, D.M.D., PC.

LOCAL ANESTHETIC INJECTIONS

I hereby authorize the doctors to perform a local anesthetic injection. I understand that as with any anesthetic there are risks and I have read and received the risks involved.

HIPAA PRIVACY POLICY

The undersigned acknowledges that he/she received a copy of our Notice of Privacy Policy as required by HIPAA. I also allow you to share my information with _____ relationship:

Including but not limited to setting and confirming appointments, payments and treatment.

FINANCIAL RESPONSIBILITY

The undersigned agrees, whether signing as the patient or as an agent of the patient that in the consideration of the services to be rendered to the patient, he/she will be responsible for all and any unpaid portion of the bill incurred. Including but not limited to deductibles, copayments or the entire bill, if my insurance carrier denies coverage.

Signature of Patient/Authorized Representative

Date