FAIR CITY DENTAL

Dr. Ronald D. Bell, Jr. D.D.S.

 Welcome to our practice, your first appointment usually consists of medical and dental history, a complete intraoral examination, and necessary x-rays.

 \*I give this clinic my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care like quality reviews.

 \*I understand that I may review the clinic’s Notice of Privacy Practices.

 \*I also understand that I may revoke this consent at any time, by making a request in writing, except for information already used and disclosed.

 \*I also understand that if I am more than 15 minutes late for my appointment, I will have to reschedule, due to other scheduled patients. If I fail 2 appointments without notice at least the day before the appointment, I will not be rescheduled.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_