IMAGINEDENTAL
Dentistry for the Quality Conscious

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Calgary, Alberta
T2P3K4
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www.imaginedental.com

Client Consent – PLEASE PRINT & SIGN FOR NEXT VISIT

The dental and medical profiles I have provided are complete and accurate. I request the dentist and all qualified employees of Imagine Dental to perform assessment and diagnostic procedures for the purpose of determining my oral health condition and recommending appropriate treatment options.

I understand that I have the right to:

- be advised of the benefits, options and risks of any dental procedure
- ask questions and receive complete answers regarding my oral health
- make an informed decision to accept or decline recommended treatment

I authorize the practice to consult with or transfer my dental records to/from a medical doctor, specialist or another dentist if necessary or requested.

_____ (Initials)

I agree that I am responsible for all fees incurred during the course of my treatment at Imagine Dental.

_____ (Initials)

The visit you have scheduled with us is reserved exclusively for you and the time with you is highly valued by our team. Please do not cancel your appointments.

☐ Client
☐ Parent
☐ Guardian

_____

First Name Last Name

_____ _____

Signature Date

Authorization to Release Information Relating to my Dental Insurance for CDAnet.

I _____ authorize release of information contained in claims submitted electronically and otherwise, to Imagine Dental as per The Executive Council of the Canadian Dental Association. I also authorize release of information to Dr. Danielle Davids pertaining to my dental coverage and benefits. The authorization shall continue in effect until the undersigned revokes the same.

☐ Client
☐ Parent
☐ Guardian

_____

First Name Last Name

_____ _____

Signature Date