

Responsibility and Consent Statement

CHRISTI A. PETERSON, D.M.D.

Family & Cosmetic Dentistry
3772 Katella Avenue, Suite 207
Los Alamitos, CA 90720

(562) 493-6106

Date _____

I hereby authorize and request the performance of dental services for:

Patient _____ Age _____

I also give my consent to any advisable and necessary dental procedures, medications, or anesthetics to be administered by the attending dentist or by the supervised staff for diagnostic purposes or dental treatment.

I understand and acknowledge that I am financially responsible for the services provided for the above named, regardless of insurance coverage.

(Signature of responsible Party)

(Relationship to Patient)