



Carver Smiles, PC

General Dentistry & Anesthesia

Consent Form for Dental Patients

I, _____ hereby give permission for Carver Smiles staff to call my home/work/cell phone to confirm dental appointments or to leave a message with a family member or on my answering machine.

I also give permission for Carver Smiles to mail my xrays to a third party for review or other necessary reason.

Print name: _____

Signature of
patient/guardian _____

Date _____

Your dental appointment time is reserved exclusively for you. If you are unable to keep a scheduled appointment, a 48 hour notice is required. Carver Smiles reserves the right to dismiss patients for failed appointments.