

Consent to Treatment at Wenatchee Dental

I give permission for Wenatchee Dental to give me medical treatment.

I allow Wenatchee Dental to file for insurance benefits to pay for the care I receive.

I understand that:

- Wenatchee Dental will have to send my medical record information to my insurance company.
- I must pay my share of the costs.
- I must pay for the cost of these services if my insurance does not pay or I do not have insurance.

I understand:

- I have the right to refuse any procedure or treatment.
- I have the right to discuss all medical treatments with my clinician.

Signature :

Date:
