

Consent and Permission

In regards to the dental treatment of the person named below this is to acknowledge that they have carefully inspected and fully approve of the work that has been accomplished to this point relative to the basic design and esthetic parameters of the trial prosthesis they have received.

The person named below acknowledges that after signing this form any substantial design changes to the prosthesis that may be requested by them (*substantial means changes that can not be reasonably or practically made without re-starting the work already in progress*) will be deemed as change orders and will incur additional fees beyond the originally quoted fee for treatment.

I have read and received a copy of this form.

I agree with and consent to the proposition above.

I acknowledge that the work performed by Dr. _____ and Signature Dental Studio is completely acceptable to me.

I hereby grant permission to proceed to the final phase of work to be completed.

Print patient name: _____

_____ Date / / 2017

Patient signature