

## 4. Photography Release

In our office we will be taking many photographs. It's an important part in the examination and assessment of your teeth and smile. Very often we are able to see many things better on an enlarged digital photo than directly in the mouth. They are as important to us as getting x-rays and study models in most cases.

I agree to have my teeth, smile and face photographed. I agree to allow Dr. Gleave to use my case photos for education, teaching and marketing purposes.

\_\_\_\_\_  
Patient or Responsible party signature

\_\_\_\_\_  
Date

## 5. Warranty

We are often asked how long the dental work will last. There are just too many variables out of our control to know for sure what to tell each patient. Be assured our office is committed to providing the highest quality work and materials and will take the time needed to always do the best work possible.

For your added assurance, we place a five-year warranty on dental implants and any porcelain restorations. If the porcelain cracks within this time, we will replace it at no cost to you. If it happens again the warranty is excluded. For all other restorative work, we place a one-year warranty against failure or breakage. This excludes decay or root fracture.

Of course if you're not fully satisfied with any work you've received please let us know right away. We are committed to you being completely happy with all care and if you're not we want to resolve it to your complete satisfaction.

There are two provisions to keep the warranty effective. You must maintain your hygiene visits and be seen a minimum of twice a year. This allows us to check any previous work and make sure it's holding up as intended. And secondly, the work must be a recommended treatment.

\_\_\_\_\_  
Patient or Responsible party signature

\_\_\_\_\_  
Date

## 6. Consent for Treatment

I understand the information I have given today is correct to the best of my knowledge. This information will be held in strict confidence, and it is my responsibility to inform this office of any changes in my medical status.

I authorize Dr. Gleave and this office to perform any necessary dental services with my informed consent that I may need during diagnosis and treatment. I will always be given an assessment of my existing condition and the associated advantages and disadvantages of treatment. All options and the associated costs will be discussed.

Once again, welcome to our office! We look forward to serving you and your loved ones for the years to come. We want you to know we are dedicated to providing you with the highest standards of quality modern care. From sterilization methods to the most proven, newest materials and procedures, you can feel confident you are receiving the most excellent dental care possible. If for any reason you are not satisfied with any work for any reason, please let us know. Your complete satisfaction is our foremost concern.

\_\_\_\_\_  
Patient or Responsible party signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature (team member)

\_\_\_\_\_  
Date