Consent Form

 models, photographs or a	hereby authon hereby authon hereby authon hereby authon diagnostic aids of the hereby authon hereby	orize Dr. Jefferies and deemed appropriate to		
	perform all recommended a and therapy indicated for an risk.			
	onsibility for payment for c stated in the "Payment Po			
understand that it is my his form.	responsibility to advise th	is office of any chang	es in the information	contained in
	od the HIPAA Notice of Pr at I may need them to do s following):	-	•	5
		ny treatment and/or n over 18yrs old)	initial initial	
	Have the above designated or dental records on my		any dental appliances initial	s, x-rays
	I do not wish to have my parameters of Health In	*	-	
 Patient-Signature	 Date	 Doctor-Sid	 anature	 Date