



CONSENT

The undersigned hereby authorizes Doctor Rush (hereafter known as Doctor) to take X-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental needs. I also authorize Doctor to perform any and all forms of treatment, medication and therapy, that may be indicated in connection with (name of patient) _____ . And the undersigned further authorizes and consents that Doctor choose and employ such assistance as deemed fit. I also understand the use of anesthetic agents embodies a certain risk. I understand that the responsibility for payment for dental services provided in this office for myself is mine, due and payable at the time services are rendered.

Patient _____ Date _____

Witness _____