

DENTAL ILLUSIONS

GEORGE SALIBA, D.D.S.
BASIL MOUKARIM, D.D.S.

13303 Champion Forest Dr #5
Houston, TX 77069
Tel. (281)444-1755
Fax (281)444-1314

Consent Form

I, _____, voluntarily request Dr. George E. Saliba/Dr. Basil M. Moukarim as the dentist, and such associates, assistants and other health care providers as he may deem necessary to treat condition(s) as they relate to my hygiene care, to which I agree. I understand that each procedure will be fully explained to me and that additional treatment to be agreed upon in the future will be outlined on the treatment plan portion of my dental record.

I understand that my dentist may discover other or different conditions that may require additional or different procedures than those planned. I authorize my dentist and such associates, assistants, and other health care providers to perform such procedures that are advisable in their professional judgment.

I understand there may be other problems associated with my oral condition that may be addressed at a later date.

I understand that no warranty or guarantee has been made to me as to result, cure, or longevity of dental work.

I also give my consent for the taking of pictures, cast models, or any other dental documentation and allow the use of such pictures, casts, and models or other dental documentation by Dr. George E. Saliba/Dr. Basil M. Moukarim or their associates, in their lectures, teaching activities, or articles for publication.

I fully understand that if I utilize insurance, I am responsible for any and all fees the insurance does not cover, including any and all fees to collect should the account be turned over for collection. I also authorize Dr. George E. Saliba/Dr. Basil M. Moukarim to release any dental information or models that my insurance company deems necessary for the determination of this claim.

I certify this form has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents.

Date: _____

Signature: _____