Generational Smiles
FAMILY DENTISTRY

6825 Winchester Rd., Suite 1A
Memphis, TN 38115

CONSENT AND AUTHORIZATION FOR TREATMENT

I willing grant authority to **Dr. Jeffery Dolberry** and his designated associates and staff to perform those procedures and treatment (surgical or otherwise); including the administration of medications and Local/General Anesthetist that are deemed necessary or advisable in our diagnosis and treatment.

It is my understanding that treatment plans and procedures will be explained to me possible alternatives, risks, and complications.

I also understand that I will be allowed to voice specific objections during this discussion.

Signature_____ Date_____

Responsible or Guardian signature_____

Initial each

_____ I will assume full responsibility payment for dental services

_____ If dental insurance(s) are used, I will be responsible for unpaid portion.

Signature _____ Date _____

I have been made aware that all broken appointments without a 24 hr. notice will be assessed $ 25.00 charge.