



Dr. Scott A. Timlin

Consent and Agreement

I hereby give consent to Erie Family Dentistry and the dentist and dental auxiliaries provided by them to perform on

_____ myself _____ my son _____ my daughter _____ my ward

those procedures and treatments that are deemed necessary. I am aware that there are some risks inherent with all dental procedures including the administration of local anesthesia and the administration of drugs common to dental practice (for example, allergic reaction to anesthetic drugs, possible accidental cuts or abrasions, prolonged or permanent loss of sensation). Further, I certify that I understand and agree to the conditions set forth above. I also understand I am free to ask any questions regarding any procedures and the risks involved.

By _____ Relation to Patient _____

Date _____

Signature _____

Appointment Guidelines

We appreciate serving you and your family's dental needs. To best serve all of our patients we require **2 Business Days'** notice if you are unable to keep your scheduled dental appointment. If notice is not received you may incur a fee amounting to \$50 per scheduled hour. Thank you for your understanding.

Erie Family Dentistry

Signature _____ Date _____