



# Golden Care Dental Services

## CONSENT FOR TREATMENT

I, \_\_\_\_\_ hereby consent to the completion of all dental work  
NOK clearly print name

as shown on the estimate provided for \_\_\_\_\_ by an authorized  
Clearly print resident's name

member of the staff of **GOLDEN CARE DENTAL SERVICES**.

I have seen the proposed treatment plan and accept the financial responsibility for the work to be performed.

I will pay for these services as follows:

- (a) Full payment enclosed (5% discount extended if payment paid in full)
  - (b) 1/2 of total enclosed, balance to be paid in full at completion of care
  - (c) Please call me to make special arrangements
- (Payment by cash, personal cheque, or credit card)

I consent to the release of all necessary contact information to **Golden Care Dental Services** to facilitate direct communication regarding dental care.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to resident

\_\_\_\_\_  
Signature

*NOTE: If the consent form is not signed by the resident, the relationship of the resident to the person signing must be stated.*

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*...giving back to our seniors*