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**Exam & X-rays Consent Form**

#### I hereby authorize any of the doctors or dental auxiliaries in Dr. Kevin Kwan’s office to start my dental treatment by complete examination, x-rays and teeth cleaning. I understand that regardless of any dental insurance coverage I may have, I am responsible for payment of dental fees. I agree to pay any attorney’s fee, or any costs that may be incurred to satisfy this obligation.

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment, which I have requested and authorized.

I understand that antibiotics, analgesics and other medications can cause allergic reactions causing redness and swelling of the tissue, pain, itching vomiting, and/ or anaphylactic shock.

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. For example, root canal therapy, following routine restorative procedure. I give permission to the dentist to make any/all changes and additions as necessary. All my questions have been answered to my satisfaction and I understand all the risks and complications involved. I understand the following to be the treatments planned for me and I consent to them by signing each one.

Patient’s (Parent) Signature:

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Doctor’s Signature:

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