Beverly Hills
PERIODONTAL ARTS & IMPLANTS
We Practice the Science Artfully

Sam S. Markzar, D.D.S., Inc.
USC Assistant Professor

Consultation Consent Form

Patient Name: _____

Health Information

I agree to disclose all previous illnesses and medical history. Undisclosed medical information and current medications, allergies or illness are risk factors.

Drugs and medicines

I understand that antibiotics and other medications will be prescribed to me if I choose to have treatment done.

Porcelain Crown, Veneers, Bonding and Cosmetic Fillings

Porcelain crowns, veneers, cosmetic bondings and composite filling are esthetically pleasing. However, I understand that if they chip or break after one year, I am responsible for repairs or remakes. And once a crown, veneer, bonding or filling is place, I understand the color cannot be changed.

Fee for additional and other specialty care

I understand that I may need treatment beyond what was originally planned (change in treatment) or have to be referred to another specialist. I agree to be financially responsible for the additional or other specialty care.

Limitations of Insurance Coverage

There are charges beyond what insurance will pay like for e.g. bleaching and cosmetic work. Also, as a service to patients, this office will file insurance claims on their behalf; I understand that what may be quoted as my portion (Co-payment) is only an estimate. I agree to be financially responsible for what insurance does not cover.

I do not expect guarantees in dental care. I have read and understand the above.

_____ _____

Signature of Patient or Parent of Minor **Date**

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