

TERMS AND CONDITIONS

CONSENT FOR TREATMENT

I hereby authorize the dentist or designated team member to take x-rays, study models, photographs and other diagnostic aids deemed appropriate by the dentist to make a thorough diagnosis. Upon such diagnosis, I authorize the dentist to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care. I agree to the use of anaesthetics, sedatives, and other medication as necessary. I fully understand that using anaesthetic agents embodies certain risks. I understand I can ask for a complete recital of any possible complications. I agree to be responsible for payment of all services rendered on my behalf and on behalf of all my dependants. I understand that payment is due at the time of service unless other prior arrangements have been made. I authorize that this data may be reviewed by team members of the dental practice.

FINANCIAL

Full payment on the day of treatment is required unless a prior arrangement has been made. In complicated cases with multiple appointments, part payment is required as the treatment progresses. Unpaid or overdue accounts will incur a 10% interest penalty and collection costs will be the patient's responsibility. We accept Eftpos, Visa, MasterCard, QCard, Farmers Finance, Cash and Cheque methods of payment. Please note that all estimates of fees are based upon conditions viewed at the time of diagnosis, unforeseen circumstances can alter an estimated fee.

CANCELLATIONS

We understand that sometimes it is necessary to change your schedule. Out of consideration for others we kindly ask you to provide a minimum of 24 hours' notice if you wish to change or cancel an appointment.