Dr. Nick AbuJamra
PROSTHODONTIC DENTISTRY

PATIENT AUTHORIZATION FOR SERVICES

I hereby authorize doctor or designated staff to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of PATIENT NAME's dental needs. Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required providing proper care. I agree to the use of anesthetic, sedatives and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, PATIENT NAME, acknowledge that I have received a copy of Nick AbuJamra, DDS, MS's Notice of Privacy Practices. This Notice describes how Nick AbuJamra, DDS, MS may use and disclose my protected health information, certain restrictions on the use and disclosure of my health care information, and rights I may have regarding my protected health information.

I hereby grant access to my dental information to the following individual(s):

Person	Relationship
Person	Relationship
Person	Relationship

PATIENT PAYMENT FOR SERVICES AGREEMENT

I agree to be responsible for payment of all services rendered on my behalf or my dependents. I agree that I shall be responsible for any and all expense incurred at this office, and I understand that payment is due a the time of service unless other arrangements have been made, regardless if I have insurance. In the event payments are not received by agreed upon dates, I understand that a 1.5% late charge (18% APR) and any expenses such as attorney fees if engaged for the purpose of collections may be added to my account. I understand that Dr. Nick AbuJamra is not a Medicare provider and does not accept Medicare, Medicaid, or Medicare supplemental insurance of any kind.

PHOTO RELEASE

I hereby give permission for photographs taken in the office of Dr. Nick AbuJamra to be used for educational and informational purposes. I understand that such photographs may, or may not, disclose my identity.

TO BE SIGNED AT YOUR VISIT

Signature Date