

**PEBBLE FAMILY DENTISTRY
ELAINE T. SHIM, D.D.S.**

Your first visit with us...

We will perform a complete exam and take the necessary X-rays, pictures and study models of your teeth. Based on our findings, we will recommend a treatment plan for you indicating what needs to be done.

If our schedule allows it, we can start some of your treatment for you with your permission. Alternatively, you can make an appointment to return to start your treatment.

Before we can get started though, we need you to look over and fill out the following forms:

- Medical and Dental Information Forms
- Financial and Dental Insurance Policy
- HIPAA

You can rest assured that all of your information will remain confidential.

Please take a moment to read the following consent.

CONSENT

The undersigned hereby authorizes Dr. Shim/dental assistant/hygienist to take radiographs, study models, or any other diagnostic aids deemed appropriate by Dr. Shim to make a thorough diagnosis of the patient's dental needs. I also authorize Dr. Shim to perform any and all forms of treatment, medication and therapy, that may be indicated in connection with this patient, and further authorize and consent that Dr. Shim to choose and employ such assistance as she deems fit. I also understand that the use of anesthetic agents embodies a certain risk. I understand that responsibility for payment for dental services provided in this office for me or my dependents are mine, and are due and payable at the time services are rendered, unless previous arrangements have been made.

Signature (Patient/Responsible Party)

Date