

Dental Treatment Deposit Consent

Complex Case Reservation Deposit:

- We view our patient care with a deep sense of responsibility, because of this we reserve an appointment time that is solely dedicated for your treatment. In cases of treatment that will require at least 2 hours of dedicated time or a minimum dental treatment cost of \$1000.00; we require a deposit of \$100.00 or more depending on service at time of scheduling. This deposit will be applied to any fees upon the completion of your treatment. Please note, should you fail to follow the cancellation policy, you will forfeit your deposit. _____ (Initial)

Deposit Amount: _____

Date of Service: _____

Date Deposit Paid: _____

Total valuation of Treatment: _____

Patient Name: _____

Patient Signature: _____