Amber Dental, PC
General Dentistry

Dr. Michael W. Koehne
319 E. Roosevelt Road, Wheaton, IL 60187
(630) 665-5555

Release:

I authorize the dentist to perform diagnostic procedures and treatment as may be necessary for proper dental care for myself (child).

I authorize the release of any information concerning my (child's) health care, advice and treatment to another dentist and/or physician.

I authorize the release of any information concerning my (child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

I authorize the staff to leave a message on my home voice mail, cell phone voice mail, answering machine, e-mail or other electronic device, or with a person who answers my phone in regards to my (child's) dental health care.

I have read and fully understand the Financial Policy. I understand that I am finally responsible for payment in full of my account or that of my family.

I understand that any failed appointments without 48 hour notice may result in a $75 fee.

I certify that all information is complete and accurate.

Patient's Name: _____

Your Name/Relationship to Patient: _____

Your Signature: _____

Date: _____