NORDSTROM DENTAL

CONSENT FOR DENTAL TREATMENT

This is to certify that I, the undersigned, consent to the performing of dental procedures agreed to be necessary or advisable, including the use of local anaesthetic. I understand that any work needed will be fully discussed with me by the dentist prior to beginning treatment, including other treatment options. I understand that no treatment is always an option. I also understand that any work done, including but not limited to, fillings and crowns, while intended to save the tooth, may result in tooth death, which may necessitate a root canal or extraction. I will also assume responsibility for the fees associated with all dental procedures performed.

_____ _____ _____

Signature of patient, parent or guardian Print Name Date

CONSENT FOR COLLECTION AND RELEASE OF INFORMATION

Contact Information
We are committed to protecting the privacy of our patients' personal information. We collect contact information from our patients for the purposes of opening/updating patient files, processing claims for payment from third party insurance providers, to confirm dental appointments, send recall notices, and collect payment for outstanding balances owing.

Medical Information
We collect medical information for the purpose of diagnosing and providing responsible and informed dental treatment. This information may be disclosed to third party health benefit providers and insurance companies, other dentists or dental specialists, or physicians or other medical specialists as deemed appropriate by the dentist for the purposes of consultation or referrals.

Dental History
We collect dental history so our office can provide continuing dental treatment for the patient, as well as for possible consultation or referral to dental specialists if needed. We may request past dental records, including radiographs, be forwarded to our office from previous dentists.

Access to Information
If we ever consider selling all or part of our dental practice, qualified potential purchasers may be granted access as part of the due diligence process to our office records, including patient information. If this occurs, steps will be taken to ensure the prospective purchaser safeguards all personal information. Also, dentists in Alberta are regulated by the Alberta Dental Association and College, which may inspect our records from time to time as part of its regulatory activities in the public interest.

Assignment and Electronic Insurance Submission
We send dental insurance claims to participating insurance companies electronically. We also accept payment directly from third party insurance providers ("assignment").

I consent to the collection, use and disclosure of my personal information as set out above. I also authorize payment of insurance benefits directly to Nordstrom Dental.

_____ _____ _____

Signature of patient, parent or guardian Print Name Date