

## **Our Mutual Agreement**

### **Commitment to Appointment**

Dr. Bechtel and his staff reserve time for each individual patient as we only treat one patient at a time and your time is exclusively reserved for you. We will be here fully prepared to serve you and we trust that you when you put your name in our appointment book that it is your bond of trust that you will be here. We do not accept nor honor short-notice changes. This agreement indicates that we have mutual respect for each other's time.

### **Commitment to Treatment**

As committed professionals we believe we have a responsibility to use our best care, skill and judgment in planning and executing your treatment. We believe that all treatment, once it is begun should be completed. Incomplete treatment leads to further damage, loss of teeth, problems, complications and misunderstandings. Even if we create a Health Path and a Plan that we will complete over time, it is necessary that it be completed as soon as possible. Conditions change, disease advances.

### **Commitment to Financial Agreement**

By signing below, you have indicated that you agree that all fees should be properly explained to you and you agree to fulfill your financial commitment to our practice promptly and completely. Your financial responsibility is not dependent upon any decisions made by your insurance carrier.

### **Informed consent**

Restorative and prosthetic treatment is designed to preserve teeth and preserve your oral and general health. Restorative treatment when completed on patients who have accepted their responsibility to do their own home care, together with creating a proper bite relationship and occlusion can last nearly a lifetime. On the other hand, there is always risk of infection, swelling, discomfort, and some post-operative discomfort.

After reading the preceding risks that may occur in connection with this procedure, consent is granted for Dr. Jonathan Bechtel to administer anesthetics and medications and treat as deemed necessary and for the release of any information relating to treatment. Please ask Dr. Bechtel if you have questions concerning this information.

We appreciate your confidence in choosing us to work with you to create a Health Path. We are committed to solid, caring relationships with our patients and believe that honest communication regarding your care will enhance our relationship.

PATIENT/LEGALLY RESPONSIBLE PERSON X \_\_\_\_\_ Date \_\_\_\_\_

Doctor X \_\_\_\_\_ Witness X \_\_\_\_\_ Date \_\_\_\_\_