



JESSICA H. BRIGATI, DDS, PLLC
FAMILY DENTISTRY

GENERAL CONSENT

- H. BRIGATI
1. I hereby authorize Dr. Jessica H. Brigati, DDS, PLLC or designated staff to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of (name of patient) _____'s dental needs.
 2. Upon such diagnosis, I authorize Jessica H. Brigati, DDS to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
 3. I consent to the use of appropriate medication and therapy as deemed necessary. I fully understand that using anesthetic embodies a certain risk.

I have read, understand and agree to this General Consent. By typing or signing your name below, you have reviewed and electronically or physically signed this form.

Signature

Date:

Witness

:

Parent or Responsible Party

Relationship to Patient