

SAMPLE PATIENT CONSENT FORM

This Official Consent ("Consent") made on ___ / ___ / _____ between Dental Clinic and _____ ("Consenter") who consents to examination and treatment with Dental Clinic.

The Consenter agrees to hold **Dental Clinic** ("Releasee") harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the Consenting Acts.

It is understood and agreed that this Agreement is made and received in full and complete settlement and satisfaction the causes of action, claims and demands mentioned herein; that this Consent contains the entire Agreement between the parties; and that the terms of this Agreement are contractual and not merely a recital. Furthermore, this Consent shall be binding upon the undersigned, and his respective heirs, executors, administrators, personal representatives, successors and assigns.

This Consent shall be governed by the laws of the State of _____

This Consent has been read and fully understood by the undersigned and has been explained to me.

Consenter's Signature: _____ Date: ___ / ___ / _____

Print Name: _____

Releasee's Signature: _____ Date: ___ / ___ / _____

Company: _____

Print Name: _____