



RICHARD D. HOWES, D.D.S.  
2165 Fourth St. Livermore, CA 94550 (925)443-4182

### OFFICE PROTOCOLS

Initial

\_\_\_\_\_ I authorize the doctor to perform all recommended treatment mutually agreed upon by me and use appropriate medication and therapy indicated for such treatment. I understand that using anesthetic agents embodies a certain risk. Furthermore, I authorize and consent that the doctor choose and employ such assistance as deemed fit to provide recommended treatment.

\_\_\_\_\_ I understand that all responsibility for payment for dental services provided in this office for myself or my dependents is mine, due payable at the time services are rendered unless other arrangements have been made. In the event payments are not received by the agreed upon dates financial charges will occur at 19% APR .

\_\_\_\_\_ I understand that where appropriate, credit bureau reports may be obtained.

\_\_\_\_\_ I understand that it is my responsibility to advise your office of any changes in the information obtained on this form.

\_\_\_\_\_ I authorize the use of my social security number or Dental I.D. to file my dental claim and have all insurance payments go directly to Dr. Richard Howes for treatment rendered. Not giving permission will result in a cash payment by patient and the release of a form for the patient to bill their own insurance independently.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date