

Elias, Opdahl & Bowen, D.D.S.
19201 E. Valley View Parkway, Independence, MO 64055
816-478-3600

Please Sign *everytime* you see an X

ACKNOWLEDGEMENT OF RECEIPT OF "NOTICE OF PRIVACY PRACTICES" *

I, _____, have received a copy of this office's "Notice of Privacy Practices."

X _____
Signature Date

* you may refuse to sign this acknowledgement

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our "Notice of Privacy Practices", but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) _____

Informed Consent / Model Release

As our patient, you have the right to be informed of your condition as well as the possible consequences of not treating the diagnosed condition. However, to adequately evaluate the existing conditions in your mouth, we require the necessary radiographs so that we may see the current bone levels, any interproximal decay, supernumerary teeth, or other abnormalities that cannot be seen visually. Having been informed of the need for such radiographs, it is your decision whether or not to accept this as part of our examination.

Should you decide not to have the radiographs, as recommended, we cannot be held responsible for any conditions that may exist due to the fact that we cannot diagnose what we cannot see.

For valuable consideration, I irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs, which you have on record of me, negative or positive, for any purpose whatsoever, without further compensation to me. All negatives and positives together with the prints shall constitute your property, solely and completely.

I am over eighteen (18) years of age: Yes or No

Patient Printed Name: _____

Patient Signature: **X** _____

Patient Address: _____ City: _____ State: _____ Zip: _____
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If the patient is under eighteen (18) years of age, a parent or guardian should give consent as follows:

I hereby certify that I am the parent or guardian of: _____

The model named above, and for value received, I do give my consent without reservations to the foregoing on behalf of him or her or them.

Parent or Legal Guardian's Signature: _____

Doctor/Provider Signature: _____