



### **DOWNLOAD FIRST**

- Right mouse click and save this document on your computer.
- Open the pdf in acrobat from there you can fill out save it.
- On the last page click the email button at the bottom it will put the pdf file in an email window with our email address. HIT SEND and we will see you at your first appointment at our office.

**IF YOU ANY QUESTIONS PLEASE CALL  
919-488-0111**



## Informed Consent

I, \_\_\_\_\_, was informed by Dr. Jennifer Q. Le, DMD, or by persons on her  
(Patient's name)  
staff, or other practitioners to whom I have been referred by her of the following information in  
relation to my oral treatment needs:

1. Treatment alternatives
2. Advantages of each alternative
3. Disadvantages of each alternative
4. Risks, if present
5. Relative costs of each treatment
6. Result of doing no treatment at all

The following treatment was agreed upon:

Understanding the aforementioned information, I hereby authorize the above-named dentist;  
other practitioners whom she recommends, or qualified staff members to accomplish the  
described treatment for me:

Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_

Signature of Dentist or Staff Person: \_\_\_\_\_

Witness: \_\_\_\_\_

**NOW THAT YOU HAVE COMPLETED THE FORM SAVE FOR YOUR RECORDS AND  
SEND TO US IN TWO EASY STEPS.**

Once form is completed click to save add your first initials to the end of the pdf  
(before the .pdf) file then click to email and it will open up your email hit send.

[CLICK TO SAVE](#)

[CLICK TO EMAIL](#)