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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: _____

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