



DENTAL ON ERRARD
— GROUP —

CONSENT FOR SERVICES:

- I consent to the performing of dental and oral surgery procedures agreed to be necessary or advisable, including the use of local anaesthetic and other medication as indicated and I will assume responsibility for the fees associated with those procedures.
- I understand that the practice requires at least **24 hours' notice** if I need to cancel my appointment. I understand a fee of \$50 may be applied if I do not attend my appointment or cancel within the 24-hour period before my appointment.
- I understand failure to respond to the confirmation texts or phone calls sent by Dental on Errard may result in an automatic cancellation of my appointment. **I understand confirmation is required for my dental appointment to go ahead.**
- I hereby authorize the dentist or the designated team to take x-rays, photographs and other diagnostic aids deemed appropriate by the dentist to make a thorough diagnosis.
- I am aware that payment is required **on the day of treatment.**

SOCIAL MEDIA CONSENT

- I GIVE / DO NOT GIVE my consent for Dental on Errard to use any photos taken of me on-site for use on Facebook, Instagram, our website, and any other social media platforms required (Verbal consent will be asked at the time of taking the image also).
- I am comfortable knowing parts of my face may be recognisable.
- I agree to my full-face photographs being used
- I agree to just my smile/teeth being used

As part of this consent:

- ✓ Dental On Errard ensures my name will not be included in the images.
- ✓ Dental on Errard ensures my privacy will be maintained

If you wish to have your pictures removed at any time, please contact the practice and they will be removed as soon as we possibly can.

Signature: _____ Date: _____