

REMOVAL - SPECIAL CONSENT



Dentistry & Orthodontics

A Smile 4 U Cartersville
509 N Tennessee St Ste 107
Cartersville, GA 30120

Ph : (770) 407-8700
Email: as4u_cv@asmile4u.com

Cora Neese
12 Russle Ridge
Euharlee, GA 30145

TREATMENT PLAN: SPECIAL CONSENT

DOCTOR:

Treatment:

Tooth Number:

Amount not covered by insurance:

Treatment Consent:

Insurance Non-Coverage Disclaimer: The upgraded treatment listed on this form is not covered by Dental Insurance and I agree and acknowledge that I am responsible for the additional fee, listed above, associated with this treatment.

Any symptoms resulting from removal of crown, is the sole responsibility of patient.

Consent Given: _____
(Patient or guardian signature)