

AS4U0716 -SPECIAL CONSENT TX PLAN



Dentistry & Orthodontics

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Mckaden Gentry
22 BROADLANDS DRIVE
White, GA 30184

TREATMENT PLAN: SPECIAL CONSENT

DOCTOR:

Treatment:

Tooth Number(s):

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.

Consent Given: _____
(Patient or guardian signature)