

JAMIE N. AMIR BDS, MS

Patient's Name:	Date of Birth	
Ocala Periodontics & Dental examinations, scaling and romaintenance, restorations, per understand that the use of local	Implants. These procedures made out planing (deep cleanings eriodontal treatments, extractional anesthetics carries a small risk for	deemed necessary by the providers at ay include, but are not limited to;), periodontal surgery, periodontal s, and the use of local anesthetics. I or swelling, bruising, allergic reaction, ent shall be considered in effect until
rescinded or revoked.	Restorative Plans	the shall be constacted in effect until
Teeth #'s	1	INITIALS
your appointment or cancel/or be charged a \$50 cancellation Bytrstigning below, you acknowled the pental implants of the charged and pental implants. A pental implementation of the control of the cont	change your appointment with I feeRadiographs Date Taken Sending by: ledgevailable: you have read and under the sending by: I plants BWX PANO PAS Periodontal Treatment Completed in Your Of	rion/rescheduling policy. If you miss less than 24 hours notice, you may Inderstand the Cancellation Policy for INITIALS
		INITIALS
directly from your insurance pro Insurance is an agreement be insurance company does not no	ovider. Itween you and your insurance egate the patient's responsibility to is denied by an insurance compa	receive any reimbursement available company. Lack of payment from an to pay for treatment rendered in good ny, the cost of the treatment remains INITIALS
Printed Name of Patient or Patient's		Date