

Responsibility and Consent Statement

Rainbow Kids Dental
Dr. Sungki Lee / Dr. Michelle M. Kim
(Specialty permit # 4007 / # 5210)
3900 Park Ave. Suite 105 Edison, NJ 08820
(732)452-0100

Date _____

I hereby authorize and request the performance of dental services for myself or for:

_____ Age : _____

I also give my consent to any advisable and necessary dental procedures, medications, or anesthetics to be administered by the attending dentist or by the supervised staff for diagnostic purposes or dental treatment.

I understand and acknowledge that I am financially responsible for the services provided for myself or the above named, regardless of insurance coverage. I also understand and acknowledge that I am financially responsible for all the fees, such as late charges, fees for returned checks and collection agency fees, caused by delay of payments.

(Signature of responsible party)

(Relationship to other(s) named)