Cleona Dental, LLC

221 W. Penn Avenue, Suite 213

Cleona, PA 17042

(717) 272-8500

Consent for Dental Screening and Evaluation

Patient name:

_____

Date:

_____

I hereby consent to a dental examination by Dr. Jennifer Davis and/or Dr. Katelyn Wray. Completion of a thorough examination, (radiographs, photographs, study models and intra oral examination) will need to be performed prior to appropriate diagnosis and treatment recommendations. Multiple treatment options will be offered if appropriate for a person's oral and systemic condition.

Patient's or Legal Guardians/Representative's Signature:

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