

Jade Dental Professionals
703 North Tejon # A
Colorado Springs, CO 80903
Phone: 719-633-0770
Fax: 719-633-1088

DENTIST _____ PATIENT _____

I UNDERSTAND THAT I NEED DENTAL X-RAYS AND A COMPREHENSIVE ORAL EXAM.

I GIVE CONSENT TO THE DOCTOR, THE ASSISTANTS, AND THE HYGIENISTS TO
WORK IN MY MOUTH.

PATIENT SIGNATURE _____

DATE _____