

# EXPERTISE DENTAL



## Provisional Approval Consent

### PATIENT CONSENT:

I am pleased with my provisional restorations and authorize Expertise Dental to take final impressions and send them to the lab for fabrication of my final porcelain restorations. I approve the following items below;

Size       Shape       Shade/ Color

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ASSISTANT INITIALS

### MINOR/ GUARDIAN CONSENT:

I, \_\_\_\_\_, am the parent or guardian of the minor named below and have the legal authority to execute the above release. I approve the foregoing and waive and rights in the premises.

\_\_\_\_\_  
PRINTED PATIENT NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ASSISTANT INITIALS