



Southard Endodontics
Practice Limited to Endodontics

Laurie L. Southard, B.S., M.S., D.D.S.
Diplomate of the American Board of Endodontics

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CONSENT FOR TREATMENT

I have completed this form fully and completely. I grant permission to Dr. Laurie L. Southard and her staff to perform the examination and if needed, treatment. I understand that endodontics is successful approximately 90%-95% of the time. As with any branch of medicine or dentistry, no guarantee of treatment success can be given or implied. Cases started by another dentist may have a lower success rate. If a surgical procedure is necessary, an additional fee will be charged. It may be necessary to alter the tooth structure or crown or bridgework to perform these procedures. Possible complications of treatment include: a) procedural difficulties due to narrow, calcified canals, b) instrument failure (fracture), c) fracture of crown/porcelain/filling, d) persistent numbness following surgical procedures, e) continued swelling and/or discomfort. I understand that endodontics is an elective procedure. The alternative to this procedure is removal of the tooth. I understand that a surgical procedure, or removal of the tooth is necessary in approximately 5-10% of the cases treated. Dr. Laurie L. Southard is a specialist in the field of endodontics and her fees are usually higher than a general practitioner's. Some insurance companies compare her fees to other specialists in her field, and some compare her fees to general dentists. This can create confusion about what is a "usual customary" fee. I understand even though I may have some type of insurance coverage, I am responsible for payment of services.

Date _____ Patient/Guardian's Signature: _____

Update _____ Patient/Guardian's Signature: _____

Update _____ Patient/Guardian's Signature: _____

DENTAL PAYMENT AGREEMENT

We would like you to know our policy regarding fees. Fees vary with the type of tooth and the complexity of treatment. Payment for services is due at the time of treatment. Our fees for services are the same for all patients, whether or not they are covered by any form of dental insurance. We urge you to be fully aware of the provisions of your policy since insurance companies rarely cover the entire fee. As a convenience to you, our office will submit charges to your insurance carrier. Following submission of your dental claim, if any undisclosed fees are not covered by your insurance carrier, you will be responsible for payment of those fees in full. Payment of these undisclosed fees will be due within 30 days of receiving a statement from our office.

Check method of payment:

***WE DO NOT ACCEPT CHECKS ***

- CASH MASTERCARD/VISA
 AMERICAN EXPRESS DISCOVER CARD CARECREDIT

After 90 days, accounts will be sent to a collection agency. This agency will report any outstanding balances to the National Credit Bureau.

Date _____ Patient/Guardian's Signature: _____

Update _____ Patient/Guardian's Signature: _____

Update _____ Patient/Guardian's Signature: _____