

# Financial Consent Form

Yong and Kim Dentistry  
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 714-535-0192 YongandKimDDS.com

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Procedure	Tooth # / Arch	Covered Service	Enhanced Service
Credit / Balance			
Deductible			
Exam			
X-ray			
Cleaning			
Scaling ( Heavy Calculus)			
Root planning / Sub. Curettage			
Gum/ Socket Irrigation			
Sealant per tooth			
Desensitizer			
Cosmetic bonding			
Composite bonding			
Resin filling			
Silver filling ( Amalgam)			
Pulp-capping			
Extractions			
Root canal treatment			
Post			
Core Buildup			
Crown- Metal			
Gold crown/ Porcelain			
Crown lengthening			
Bridge work			
Denture- Full / Partial			
Denture repair			
Bleaching Treatment			
Implant			
Implant Abutment / Custom			
Bone graft			
Gingival graft			
IFC / OV			
<b>Total Fee</b>			

I hereby accept the dental procedures listed above for my self or child. I will have full financial responsibility for all charges when the treatment is rendered. I also acknowledge the additional charge(s) noted above for enhanced/ optional treatment not covered or partially covered by my insurance.

\_\_\_\_\_  
 Patient / Parent / Guardian's Signature

\_\_\_\_\_  
 Date