



if referred to an agency for collection, all payments when received will be applied first to court costs, if applicable, then collection fees, then interest through the date of payment and any remaining portion to the unpaid balance.

I, the Patient, hereby grant my permission to the Doctor or his assignee or agency for collections, to telephone me at home or at my work to discuss matters related to this form or my account.

I, the Patient, have read this Contract and agree to the above, stated terms and conditions of treatment and to the provisions of its content.

Based upon the terms and conditions of this contract, I the Doctor, agree to provide dental services to this patient.

Patient's Signature:

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Date:

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Doctor's Signature:

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Date:

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Updated 10-09