

Phone: (954) 384-7505
Emergency: (954) 804-7348



Windmill Professional Campus
17130 Royal Palm Boulevard, Suite 3
Weston, Florida 33326

ADVANTAGE DENTAL ESTHETIC GROUP
Family and Cosmetic Dentistry

Patient Name:	Today's Date:
Local Address:	Referred By:
State:	City: Zip:
Home Phone:	E-mail:
Occupation:	Cell Phone:
Employer:	Work Phone:
Married [] Single [] Divorced []	Name of Spouse:
Number of Children:	
Your Birthday:	Your Social Security #
Previous Dentist:	
Address:	Phone:
Name of dental insurance company:	
Name of legal guardian (If patient is minor):	
Height:	Weight: Age:
Date of your last medical examination:	
Nearest relative not living with you?	

Concerning fee for service dentistry, are you aware that you are responsible for all fees at the time treatment is rendered, unless prior arrangements are made? Yes [] No []

Method of Payment (Circle one) Cash Visa Mastercard

Consent for Treatment

I hereby certify that I can read, speak, and understand the English language and hereby grant my permission to Dr. Jorge E. Mesa and/or his associates and their staff to administer to myself, my child, or my legal ward, such medications and procedures that they deem necessary, in their professional judgement, for my oral or dental health. Also, I grant my permission for them to administer local anesthetics and other medically indicated drugs or pharmaceutical they deem necessary, to use such operative and technical procedures necessary to complete a diagnosis and/or recommended and accepted treatment has been approved. I also grant my permission to acquire and use all or any part of my records, photographs, videotapes or films which may be required for examination, diagnosis, treatment, instruction and/or scientific publication. For any purpose whatsoever, in any medium now known or in the future invented. I hereby release, discharge, and agree to hold harmless Advantage Dental Esthetic Group/ Dr. Jorge E. Mesa and all persons acting under its permission or authority from any liability or injury that may occur while performing or appearing in the said video, audio or photographic production.

Date: _____ **Signature:** _____