**New Patient Acknowledgements**

**Consent to Examine:** Dr. Sanborn has my permission to examine myself/my child's skeletal growth and dental development. I understand that treatment recommendations will be explained simply and clearly and that I am encouraged to ask questions until I fully understand the recommendations. Dr. Sanborn has my permission to share records with my dentist or referring specialists as needed. I understand the consultation and any necessary photographs and panoramic x-rays are provided as a complimentary service.

**Consent to Photograph**: I provide consent for myself/my child to be photographed for

Clinical Purposes Fun/Celebratory Purposes

**Consent for Photograph Usage:** I provide consent for the photographs of myself/my child to be used in the following ways: NO USE AT ALL

 Internal Uses (In office displays, Photo frames, Check In, etc)

 External Uses (Facebook, Newsletters, Print Marketing, Educational Presentations)

**HIPPA Acknowledgement:** I have been provided a copy of the HIPPA Statement for Sanborn Orthodontics, I have reviewed it and have no outstanding questions. I understand that I have HIPPA compliant access to appointment/financial/progress information through the Patient LogIn at www.sanbornorthodontics.com.

**Contact Information Directions:** I provide consent for Sanborn Orthodontics to leave a message on all the numbers provided on the patient intake forms. I understand that texts, emails, and phone messages may not meet the HIPPA compliance standards if I elect for their use. I provide permission for Sanborn Orthodontics to contact me in the following ways:

 Email Text Phone Traditional Mail Email address:

**Consent to Assign Benefits for Insurance:** I authorize Sanborn Orthodontics to file and request assignment of benefits from my insurance company. I understand that the estimated insurance is filed and collected on my behalf, however, I am ultimately responsible should the payments not be received.

**Responsible Party Signature:** Date:

Patients to be covered by these signatures: