Dr. Mohammad Khandaqji, DDS
3124 Crow Canyon Pl Suite D
San Ramon, CA 94583

MONA LISA SMILE
DENTAL

MISSION STATEMENT

To provide our patients the highest quality care in a safe, efficient and comfortable environment.

INFORMED CONSENT

I understand that the information I have given today is correct to the best of my knowledge. I understand that it is my responsibility to inform this office of any changes in any medical status. I authorize the dental staff to perform any necessary dental services, such as x-rays, study models, photographs or any other diagnostic aid deemed appropriate by the doctor to make a thorough diagnosis. I also authorize the doctor (and his/her employees for assistance when applicable) to perform any and all forms of treatment. Even though I have dental insurance coverage, I understand that payment for services rendered is my responsibility. It is my understanding that payment is due at the time of service unless other financial arrangements have been made.

Patient's Name _____ **Date** _____

Financial Coordinator _____ **Date** _____