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FAMILY DENTISTRY



"Gentle Care You Can Trust"

GENERAL CONSENT

I, the undersigned, hereby authorize the doctor to take radiographs, study models, photographs or any other diagnostic aids she deems appropriate to make a thorough diagnosis of my dental needs. I also authorize the doctor to perform any and all forms of treatment, prescribe medication and therapy that may be indicated. I authorize and consent that the doctor employ any such assistance as she deems appropriate.