

PHILIP I. KRESS, D.M.D.
TERRY R. ZAMANIGAN, D.D.S

CONSENT OF TREATMENT

1. I hereby authorize, consent to and request the performance of dental services. I further authorize consent and request that the doctor do whatever procedure he deems necessary with my consent after discussion of risks, benefits and alternatives.

2. I do also authorize and request the administration of such anesthetic, or anesthetics, as may be deemed advisable by the above named doctor.

DATE _____

SIGNED _____