James S. Bauer DMD
40 N. Main Street
Woodbury, CT 06798

To the best of my knowledge all the preceding answers are true and correct. If I ever have any change in my health or medication, I will inform Dr. Bauer at my next appointment.

I give my consent for any advisable and necessary dental procedures, medications, or anesthetics to be administered by the dentist or by his supervised staff for diagnostic purposes or dental treatment.

I understand and acknowledge I am financially responsible for the services provided for myself, regardless of insurance coverage.

Name: _____

Date: _____