

Joseph Sullivan DMD Jeffrey Turner DMD
736 West Somerdale Road
Somerdale, NJ 08083
856.784.3440



Responsibility and Consent Statement

I hereby authorize and request the performance of dental services for myself or for:

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

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

Signature of responsible party

Relationship to other(s) named