



167 Avenue at the Common
Suite 16, 2nd floor
Shrewsbury, NJ 07702

Tel (732) 935-0905
Fax (732) 935-0899
www.oceandentalnj.com

Consent for Dental Treatment

The undersigned hereby authorizes the Doctor to take X-rays, study models, photographs, or any other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of the patients dental needs. I also authorize Doctor to perform any and all forms of treatment, medication, and therapy that may be indicated. I also understand the use of anesthetic agents embodies a certain risk. I understand that my dental insurance is a contract between me and the insurance carrier and not between the insurance carrier and the Doctor and that I am still fully responsible for all dental fees. These fees are due and payable at the time services are rendered unless prior financial arrangements have been made. I also assign all insurance benefits to the Doctor. Any payments received by the Doctor from my insurance coverage will be credited to my account, or refunded to me if I have paid the dental fees incurred. I further understand that a late charge will be added to any overdue balance. I understand that where appropriate, credit reports may be obtained.

PATIENT Signature (Parent/Guardian)_____ Date:_____



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Photography Consent Form

I, _____ hereby authorize Dr. Janeen Ferraro, DDS , LLC and all employees and or agents to take photographs, slides and or videos of my face, jaws, mouth and teeth.

I understand that photographs, slides and or videos will be used as a record of my care, and may be used for educational purposes in study club meetings, lectures, seminars, demonstrations, and professional publications, and also promotional purposes.

I further understand that if photographs, slides, and or videos are used in any publication or as a part of a demonstration, my name and or other identifying information will be kept confidential.

I hereby release and discharge Janeen B. Ferraro, DDS, LLC and all persons functioning under her permission or authority from any legal or equitable claims including, but not limited to the following: blurring of image(s), alterations, distortion or use in composite form, libel, invasion of privacy or nay claims based upon the production or in the process of recording or publishing the materials.

I do not accept compensation, financial or otherwise, for the use of these photographs.

____ I DO NOT wish/consent for my oral photographs to be used for any of the above named purposes.

Signature: _____ Date: _____