



Tel: 905-636-9165

Fax: 905-636-9163

Request for Free Dental Hygiene Assessment

Name of Resident: _____
Please print

Facility: _____ Rm. # _____

Next of Kin Information:

Name: _____
Please print

Address: _____

Phone :(H) _____ (B) _____

Person financially responsible for account: _____
Please print

Resident is cover by insurance: Yes _____ No _____

Signature Relationship

Date

Faxed by: _____ Date: _____

Free Visual Dental Hygiene Assessment can not be performed without consent

Note: If the consent form is not signed by the resident, the relationship of the resident must be stated.

Thank You,
Mobile Lifestyles Dental Hygiene & Whitening Services
905-636-9165
carrie@mobilelifestyles.ca



Tel: 905-636-9165

Fax: 905-636-9163

I, _____ hereby consent to have **Mobile Lifestyles Dental Hygiene & Whitening Services** provide Dental Hygiene services to _____ by an authorized
(Power of attorney/resident) _____
(Name of resident)

Employee of **Mobile Lifestyles Dental Hygiene & Whitening Services**.

Resident's Name: _____

Resident's: Rm. Number: _____

Facility Name: _____

I accept all financial responsibility for services rendered on the day of treatment.
Payments can be made by Debit, Cash, Visa, MasterCard, AMEX, and Cheque.

Resident/Power of Attorney will be informed of any dental work that is out of our scope of practice and can be referred to other dental health professionals as deemed necessary.

No treatment can be rendered without completion of written consent.

Please fax or mail the signed consent form back to (fax) 905-636-9163 or carrie@mobilelifestyles.ca,
1116 Barclay Cir, Milton, Ontario, L9T 5W4.

Witness

Signature

Date

Relationship

Note: If the consent form is not signed by the resident, the relationship of the resident to the person signing must be stated.

Thank You
Mobile Lifestyles Dental Hygiene & Whitening Services
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carrie@mobilelifestyles.ca