



Rocky Mountain Dental Group

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____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: _____

Name (please print): _____

Address: _____

Signature: _____

Signature of parent or legal guardian (if under 18 years of age): _____

I prefer for my name/my child's name to appear as follows (check one):

____ Full first and last name

____ Full first name and last name initial only

____ First name initial only and full last name

____ Full first name only