

## Responsibility and Consent Statement

VSN DENTAL P.C.  
Vlad Shikhmanter D.D.S.  
510 Route 9 North  
Manalapan, NJ 07726  
(732) 617-8411

Date \_\_\_\_\_

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

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

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 for 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)