



TERRA DENTAL CARE ORTHOTIC CONSENT FORM

Name: _____ (please print)

Personal information means any information about an identifiable individual.

I understand that Mebs Sayani Professional Corporation operating as Terra Dental Care ("Terra Dental Care") will collect the following types of personal information about me: contact information, interview notes, date of birth, information regarding my dental insurance provider, x-rays, and all information listed in the Terra Dental Care Medical History questionnaire and the Dental History questionnaire.

I consent to the collection, processing and retention of my personal information, as requested by Terra Dental Care, and understand that such personal information will be used for the purpose of providing me with the dental care as requested by me and compliance with applicable laws.

I further consent to the disclosure of such personal information to the extent necessary, to (a) Terra Dental Care staff; (b) my insurance company; (c) any dental specialist that I am referred to; (d) to the extent required by law or government agencies.

I authorize Terra Dental Care and its representatives to request any necessary dental information including but not limited to, X-rays, from any previous dental office that I have attended.

I understand that: (a) my personal information will be retained in hard copy at the Terra Dental Care office where I submit this consent and in electronic form on secure servers located in Calgary, Alberta; (b) Terra Dental Care will take reasonable measures to safeguard the security and confidentiality of my personal information, including when dealing with third party recipients; (c) I have the right to access and review my personal information; (d) if I choose not to provide my consent to the collection, use and disclosure of my personal information as outlined above, Terra Dental Care's ability to provide me with care may be limited by law; (e) I may withdraw my consent provided hereunder at any time by providing written notice to Terra Dental Care; and (f) my personal information will be retained for as long as required by law and as necessary to fulfill the purpose described above, after which time it will be destroyed or deleted.

I fully understand the above consent statements and I am entering into them voluntarily, as certified by my signature below.

Dated at the City of Calgary on _____, 20 ____ .

Call today for a free smile evaluation!

TERRA DENTAL CARE

DR. MEBS SAYANI PROFESSIONAL CORPORATION

210 - 530 8th Ave. S.W. • Watermark Tower, Calgary, Alberta, Canada T2P 3S8 • P: [403] 263-4030, F: [403] 263-4041
www.terradentalcare.com, info@terradentalcare.com