



KIMCHE & PRESLEY
Cosmetic & Sports Dentistry

Consent for Dental Procedures

I, _____ hereby
authorize Dr. Daryl Kimche, Dr. Luke Presley and any other staff member of
Kimche & Presley LLC. to treat my dental condition(s).

I agree to hold harmless and indemnify the doctor, legal representative, staff and
supervisors against any claims and actions in the exchange for dental treatment during
the events of COVID-19 National Emergency.

I agree to receiving dental care during the events of COVID-19 National Emergency.
Please be advised that there may be risks in being in the proximity of dentists, patients
and staff. We are taking numerous precautions to limit the spread of disease, yet there
is still a possibility of transmission.

I have carefully read this consent, understand its contents, and I am signing it of my own
free act.

Please ask the doctor if you have any questions concerning this consent.

Patient/Parent or Legal Guardian (if under 18) Date

Witness (Professional Staff) Date

