



Next Generation Dental Spa
10615 Perrin Beitel Rd. Ste 701, San Antonio, TX 78217
Phone: (210) 830-5912 | Fax: (726) 800-3111

Consent for Examination and Initial Treatment

Patient Name: _____ Date of Birth: _____ Today's Date: _____

As a new patient, I understand that I may receive the following services as part of my initial visit:

- Dental Examination
- X-rays (radiographs)
- Dental Cleaning (prophylaxis)
- Fluoride Treatment
- Palliative Treatment (if needed)

I authorize the providers at Next Generation Dental Spa to perform these non-invasive, routine dental procedures. I acknowledge that I have been informed of the general nature and purpose of these services, and that I have had the opportunity to ask questions. I understand these procedures are commonly performed to evaluate and maintain oral health and carry minimal risks.

I further understand that any treatment recommended beyond these services will be explained separately and require additional consent.

Patient/Guardian Signature: _____ Date: _____

Printed Name: _____

Relationship to Patient (if minor): _____