

# Patient Authorization Form (Informed Consent) For MySmile™ Design

Date

Patients Name

Doctor's Name

I, the patient, authorize Ocean Ceramics and my doctor to create mysmile to achieve the best possible aesthetic and functional result within the clinical standard of care appropriate to my unique dental health. I understand that this authorization is for design purposes only and does not guarantee the final aesthetic outcome



Smile Design: \_\_\_\_\_

Patient Signature:

Spouse Signature (If Needed):

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