

Mission of Mercy Patient Waiver

IMPORTANT NOTICE

Mission of Mercy volunteers may not be able to provide you with all the services you need, but if you would like to consult with our volunteer team and receive the type of treatment being offered today, **PLEASE READ THE PATIENT WAIVER BELOW VERY CAREFULLY, AND SIGN IT.**

While the volunteer hygienists, dentists and oral surgeons offer high quality procedures with good equipment, I understand that, because of the number of people needing to be seen, I might not receive multiple extractions or multiple fillings. I understand that I might have certain medical conditions which would keep me from having the type of treatment I am requesting. I also understand that the dental care providers are volunteers, some from out-of-town, and are not available for follow-up care in the event of complications. I agree to seek any follow-up care I might need from my local dentist, family physician, or a hospital emergency room.

In consideration of the free dental care services received on the date below, I, for myself and anyone entitled to claim through me, do hereby waive and release the Mission of Mercy or any person or organizations acting on their behalf or sponsoring or volunteering at this clinic, from all claims of liability arising out of my acceptance of such free care including but not limited to medical, surgical, dental, and/or vision care or other health care or medical advice.

I grant to the Mission of Mercy and its agents the right to use my picture, voice and other reproductions of my physical likeness in connection with advertising or publicizing Mission of Mercy services and its activities in all forms of media in perpetuity.

I have read, or had read to me, and understand and agree to all of the above.

Patient signature

Date

In case of an emergency, please contact:

Name

(____)_____
Telephone number

Are they here with you today? Yes or No