



Jeff C. Strachan D.D.S  
 Beeren Gajjar D.D.S  
 189 Montague Street Ste 800A  
 Brooklyn, NY 11201  
 718-783-0504

Date: \_\_\_\_\_

Ins: \_\_\_\_\_

Patient : \_\_\_\_\_

Treatment	Fee	Insurance Payment*	Patient Co-payment*
Max	Used		Remaining

**Consent for Services**

\* This is **ONLY AN ESTIMATE** and can only be extended for a period of six month from the date of the patient examination.  
 - Patient who carry insurance coverage for dental, the actual insurance payment may be different than listed here.  
 - As a condition of your treatment in this office, financial arrangements must be made in advance.  
 - In consideration for the professional services rendered to me by the doctor, I agree to pay therefore the reasonable value of said services to said doctor, or his assignee, at the time said services are rendered.

I have read the above conditions of treatment and agree to their content.

\_\_\_\_\_  
 Signature of patient or guardian \_\_\_\_\_  
 Date