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Plastic, Maxillofacial & Reconstructive Surgery

VIDEO & POST-OPERATIVE INSTRUCTIONS ACKNOWLEDGEMENT FORM
(Online)

I, _____, have viewed the online patient video(s) pertaining to the surgical procedure *(check those that apply)*:

- Tooth Extraction
- Wisdom Teeth Extraction
- Dental Implant for Crown & Bridge
- Dental Implant for Denture
- I have also reviewed the online Patient Post-Operative Instructions document

The video and Post-Operative Instructions:

- Adequately answered my questions regarding my procedure
- Adequately answered my questions regarding post-operative care
- I would like to ask the doctor the following questions:

Patient (Legal Guardian) Signature

Date

OFFICE USE ONLY

I certify that I have provided and explained the information set forth above to the patient and answered all questions concerning the procedure to the best of my knowledge and ability.

Doctor's Signature

Date

Witness' Signature

Date