



509.201.1051

CONSENT FOR FINAL PROCESSING

I have been given the opportunity to view the wax replication of my denture/s prior to final processing. I have had the opportunity to ask any questions I may have in relation to final processing.

I approve of the color and shape of the teeth and overall appearance of my dentures. **I understand that once the denture/s are processed the factors of color, shape and overall appearance cannot be changed without additional materials, significant time taken and fees assessed.**

Additional fee of \$500 per arch will be charged if the patient decides to change appearance factors such as: color, shape or overall appearance after final processing.

Also due to time and materials involved in final processing a maximum refund allowed is 50%.

Ellensburg Elite Dentures & Implants will retain 50% of total cost to cover time and materials invested to reach the final processing stage.

If a patient does not come to a Delivery Appointment and a balance is owed Ellensburg Elite Dentures & Implants will follow our financial policy and seek to collect any remaining balance within 90 days before sending the patient to collections.

I certify that I have read and fully understand this document. By signing this form I give the Denturist, Robert E Estes, my consent for final processing and acknowledge that I approve of all aspects of appearance: color, shape, overall appearance.

I understand that with the signing of this document the dentures will be made and I will be responsible to pay any remaining charges at my Delivery appointment.

Printed Name of Patient or Guardian

Date of Acceptance

Signature of Patient or Guardian