

**Document 6: I acknowledge receipt of the following documents,**

Written quotation (1)	Yes	No	Authorization (2)	Yes	No
Patient instructions (3)	Yes	No	Financial Policy (4)	Yes	No
Power of Attorney (5)	Yes	No	Receipt of documents (6)	Yes	No
Medical Aid Application (7)	Yes	No	Patient's records (x-rays and photos) and letter to general dental practitioner	Yes	No

Signed at.....on the ..... day of.....2013.

.....  
**Parents/Guardians full name in block letters**

.....  
**Signed by Parent/Guardian**

.....  
**Please print patients full name and surname**

**\*If you are not the parent or guardian, please state your capacity in relation to the above named patient\***

.....  
**\*Full name and surname and capacity to the patient\***

.....  
**\*Signed\***