



Sean F. Melton, D.D.S., F.A.G.D., P.C.  
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Patient Name \_\_\_\_\_

I hereby acknowledge that I have received a copy of the Melton Dental *Notice of Privacy Practices* and give consent for use and disclosure of my health information if necessary.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

*As one of our many special services here at Melton Dental, during your exam we have the following beverages to offer you at your appt. Please check one of the following and we will be happy to prepare that for you.*

**Hot**

- \_\_\_\_\_ Coffee
- \_\_\_\_\_ Sugar
- \_\_\_\_\_ Vanilla Creamer

**Cold**

- \_\_\_\_\_ Chilled Water
- \_\_\_\_\_ Capri Sun Fruit/Apple Juice

- \_\_\_\_\_ Hot Tea
- \_\_\_\_\_ Flavored