

**JAMES A. PASTERNAK, D.D.S.**  
**21000 Devonshire St.**  
**Chatsworth, CA 91311**

**PATIENT PARTNERSHIP**

Dear Patient,

Welcome to our practice. We intend to provide you with the best dental care and service that you expect and deserve. To achieve this goal, we require a “partnership” between you and us. As our partner in “dental health”, we ask you to help us in the following ways:

**Schedule visits with us for routine dental exams, cleanings, and other recommended dental screenings.** You understand that these regular appointments are necessary to maintain your dental health.

**Keep follow up appointments.** Returning to our office gives us the chance to check your condition and your response to treatment. During the follow up appointment, you understand that we may order additional tests, or need to refer you to a specialist. If you miss an appointment, you should understand that you run the risk that existing conditions may worsen, compromising your dental health.

**Inform us if you decide to not follow the recommended treatment plan.** You understand that after your initial examination, we base your suggested treatment plan to obtain your maximum dental health. You agree to tell us if you are not following the suggested dental treatment so we can explain any serious negative effects or risks that this may cause.

Thank you for your partnership with our office. As our patient, you have the right to be informed about your health care. We invite you, at any time, to ask questions, report symptoms or discuss any concerns you may have. If you need more information, please ask. We are here to serve your dental needs.

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Patient's Signature

Date

Dentist Signature