

*Blue Ridge General Dentistry*

**Consent of guarantor agreement**

I \_\_\_\_\_ take full responsibility for the  
financial aspect of all services rendered for \_\_\_\_\_.

I understand that all balances are to be paid, in full, at the time of service  
unless other arrangements have been made prior to the time of service.

Also, if there is dental insurance to be filed, I understand that I am  
responsible for any balance that the insurance does not cover.

Signature of guarantor \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Date \_\_\_\_\_