

RESPONSIVE LETTER

Guadalajara, Jalisco as of ____ of _____ of 20____

By means of the present, the undersigned _____, to whom successive will be denominated to me like "THE PATIENT", manifested under protest of conducting myself with truth, that the data indicated in the format of CLINICAL HISTORY which is attached the present, belong to me Current state of health, and to which I am now aware as part of my medical history; So that I direct to the dentist, with whom I address and the entire CABDENTAL Group, any objective and professional civil liability with the medical and health consequences that harm me in my physical and medical integrity as a result of the omission of the complete information or Truthfulness of this document is apparent and in relation to the services contracted. I hereby declare that I am fully aware that for any allergic reaction, antigen rejection, sequelae, emergency surgical intervention and other cases that originate and which may lead to possible negligence due to lack of patient information.

It should also be noted that I have received to my full satisfaction the explanation and necessary information regarding the dental treatment that will be applied to me, by _____ who will hereafter be referred to as "ATTENDING DENTIST", including with it adverse reactions that could be generated , As well as the costs of the treatment that I intend to apply, including with this that at the time the CABDENTAL ATTENDING DENTIST is performing such treatment and because of my dental clinical status can revalorate the suggested treatment and modify it according to my particular situation, Authorizing the ATTENDING DENTIST so that in any unexpected situation or during the intervention or treatment, it performs any procedure or maneuver other than those projected that in its judgment it considers opportune for the resolution, or in case of the complication arisen.
