

# CHICAGO | S M I L E S

227 W. Monroe Street, Suite 205  
Chicago, IL 60606

## General Consent:

I, (patient) \_\_\_\_\_, give permission to the staff of Chicago Smiles, LLC and Mark Santucci, DDS to proceed with necessary preventative and diagnostic treatment. Treatment may include usual procedures such as, but not limited to, x-rays, cleanings and diagnostic tests.

\_\_\_\_\_  
(Patient signature)

\_\_\_\_\_(date)