



Our Mission Statement

We believe that every patient has infinite worth and should be treated with dignity and respect. We are dedicated to educating, creating awareness, and empowering people to make treatment choices that are consistent with their own beliefs, needs and desires

Our Mission is to provide every individual we touch with care that leads to better health in a safe, comfortable and efficient environment.

I understand that the information that I have given today is correct to the best of my knowledge. I also understand that it is my responsibility to inform this office of any changes in my **medical status**. I authorize the dental staff of Dr. Kelly to perform any necessary dental services, such as radiographs, study models, the taking of photographs or any other services deemed appropriate by Dr. Kelly. I also authorize Dr. Kelly and his staff to perform any and all dental treatment as deemed necessary. **It is my understanding that I am responsible for all fee's and that payment is due at the time of service unless previous arrangements are made.**

Patient signature: _____ **Date:** _____

Witness: _____

*Timothy M. Kelly DMD, PA
(505) 256-1770*