

# Medical Service Agreement for Dental Services

Date: [Insert Date]

Provider: [Dentist/Practice Name]

Address: [Provider Address]

Patient: [Patient Name]

Address: [Patient Address]

## Agreement Overview

This Medical Service Agreement ("Agreement") is made and entered into by and between the Provider and the Patient on the above date.

## Services Provided

The Provider agrees to provide the following dental services: [List of services, e.g., general check-ups, cleanings, fillings, etc.].

## Payment Terms

The Patient agrees to pay for the services rendered as follows: [Payment terms, e.g., full payment at time of service, payment plan, etc.].

## Cancellation Policy

In the event of a cancellation, the Patient must notify the Provider at least [number] hours/days in advance to avoid a cancellation fee.

## Patient Acknowledgment

The Patient acknowledges that they have read and understood this Agreement and agree to the terms and conditions outlined herein.

## Signatures

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_