



**Dental Clinic/Dr. Nader Kreit, D.D.S.  
General Dentistry, Orthodontics, Periodontics, & Oral Surgery  
117 Southpoint Lane, Suite 400  
Livingston, Texas 77351  
Telephone 936.327.9490 Fax 936.327.9496**

## **INSURANCE CONSENT FORM**

I, \_\_\_\_\_, a patient of Nader I. Kreit, D.D.S.

(Patient's Name)

and/or an associate, hereby authorize and appoint the administrator of this office or its successor to take measures in my behalf as may be necessary to collect any such claims or insurance proceeds. The undersigned certifies he/she has read the foregoing, and is the patient and/or patient's guardian to execute the above, accept the terms, and assignment of benefits to Nader I. Kreit, DDS for my dental insurance.

Thank you,

Dr. Kreit & Staff

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Guardian (if patient a minor) Printed Name

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date