



# Pennington Family Dentistry

*Creating generations of smiles since 1962*

**Bernard L.  
Hoffman, III, DDS**

*Implant & Restorative Dentistry*

**Ana Paula  
Hoffman, DDS, MSc, PhD**

*Cosmetic & Pediatric Dentistry*

**Comprehensive,  
One-Stop Care**

- Complete implant dentistry
- Cosmetic dentistry (veneers, whitening)
- Restorative dentistry with dental crowns and dental bridges
- Sleep appliances to reduce or eliminate snoring and sleep apnea
- Preventive dentistry to help you keep your own teeth for life
- Pediatric dentistry focused on children age 3 and up
- Root canal therapy
- Invisalign®
- Nitrous oxide

**Patient Comfort &  
Convenience**

- Most insurances accepted and filed for you
- Flexible and no-interest payment plans, CareCredit®, autopay
- Visa, MasterCard, Discover accepted
- Conveniently located with ample free parking
- Office hours:  
Mon–Thu, 8am–7:30pm;  
Fri, 8am–5pm
- Appointments seen promptly, no waiting
- Same-day emergency appointments
- Morning, afternoon and evening appointments

## Consent For Treatment

I, \_\_\_\_\_, hereby grant permission to Pennington Family Dentistry, Dr. Bernard Hoffman III or Dr. Ana Hoffman to perform the procedure(s) or course(s) of treatment. I understand my dental condition and have discussed different treatment options with the doctor. I have been given a printed copy of the procedure or treatment details and any post-op instructions.

The treating dentist has addressed all questions and concerns I have presented. I understand the expected results of the procedure(s). I understand that these results cannot be guaranteed and may not be achieved. I am aware of my right to waive treatment of any kind and I am aware of the consequences of non-treatment.

I have disclosed my health history information, including allergies, reactions to medicine, diseases, and past procedures. I understand that withholding this information may affect the outcome of the procedure(s) or course of treatment.

I authorize any necessary life-saving procedures to be performed in the event of an emergency during the procedure(s).

I have discussed payment options and agreed upon a payment plan with the insurance company and Pennington Family Dentistry.

I confirm that I understand this form and the information contained therein.