

# Redmond Dental Group

1765 Parkway Drive ♦ Redmond, OR 97756 ♦ 548-8175

In the event that you may need to carry a balance on your account for dental treatment, please sign and date below to authorize Dr. Higbee/Dr. Parsley to obtain a credit report.

- I authorize Redmond Dental Group to obtain my credit report in the event that I request a payment plan for my treatment.
  
- I decline. I will pay cash at the time of service.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date