

## **CONSENT FOR ORAL EXAMINATION**

Because your child is a minor, we are required to obtain a signed permission form from a parent or guardian before any dental treatment can be started and completed by the doctor. This consent form allows us to perform a full oral examination on your child. Our examination may or may not include dental x-rays, depending on your child's specific needs. Photographs for diagnosis, treatment planning and teaching may be made.

In the event that your child requires further treatment, the consent for restorative and/or surgical dental treatment will be provided to you. The restorative materials used may include plastic fillings, plastic sealants, silver fillings and stainless steel crowns. Restorative treatment may include tooth nerve removal when necessary. Surgical treatment may include but not be limited to tooth removal and minor gum problems. Local anesthesia, nitrous oxide and oxygen are used routinely as needed for your child's comfort.

No sedative drugs are used without prior consent by parent. If it becomes necessary due to a cooperation problem to control or relax the patient by the use of sedatives, you will be consulted in advance. **Physical restraint is not used without a parent's consent.** 

I acknowledge that I will be responsible for arranging for payment of any bills incurred on the above child for dental treatment. I understand that all charges are due and payable upon receipt of my monthly statement and all delinquencies are subject to outside collections and that I may be responsible for attorney fees and reasonable collection costs. I also agree to and understand that interest may be assessed on any unpaid balance over sixty (60) days delinquent.

Relationship	Date
CONSENT	FOR E-MAIL/TEXT MESSAGES
W	Ve like to stay in touch!
<u> </u>	d you appointment and scheduling reminders and update you on the office happenings! Please provide us with the best email address and
Name	
Email address	

Phone Number (to receive texts)

Standard text messages rates may apply

Signature\_\_\_\_\_\_ Witness\_\_\_\_\_