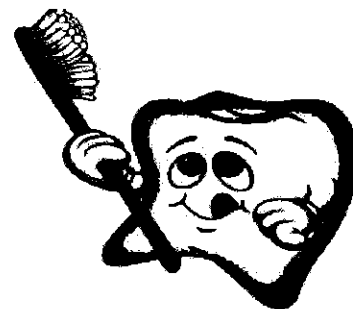


Consent Form



Child's Name: _____ Birth Date: _____

NOTE: If not signed the Doctor does not have consent to do any of the following if necessary.

This form will list the types of care that your child MAY receive

Before we perform any procedure we will let the parent/guardian know:

- Exams
- Fillings
- Sealants
- Stainless Steel Crowns/White Facing Crowns
- Nerve or Pulpotomy Treatment
- Root Canal Treatment
- Extraction/Removal of the Tooth
- Nitrous Oxide and/or Pre-Medications
- X-rays
- Space Maintainer
- New Patient Visit: Prophylaxis and Fluoride
- Head Start Pre-School Exams
- Habit Appliances
- Laser
- Photos and impressions (orthodontic treatment)

As the Parent/Guardian, by signing below you authorize the above dentist and dental office to provide any of these services for the child named above.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____