

Consent for Dental Treatment

Since _____ is a minor, it becomes necessary that signed permission be obtained from the parent or guardian before any and/or all necessary dental services can be performed by our treating Dentists and/or our Associates. Authorization is hereby granted as such. I understand that should there be a procedure that I do not wish to be performed on my child that I must notify the office prior to my child's visit. In order to provide the best care for your child, a routine cleaning visit will include an exam, cleaning, fluoride and bitewing x-rays. Please note that no treatment will be done on your child without your prior consent.

Consent for Nitrous Oxide/Oxygen

(used on every patient during operative procedures)

Nitrous Oxide/oxygen is often used in the dental setting to help reduce anxiety. Risk of complications with nitrous oxide are rare, and its sedative effects are gone within five minutes after its use has been discontinued. The most common complications are nausea and vomiting. I _____, as the legally responsible parent/guardian of _____ give my consent to the use of nitrous oxide/oxygen that by our treating Dentists and/or our Associates deem necessary or advisable so as to enable them to render necessary dental treatment as indicated on the child's examination chart, as previously explained to me, and any procedure deemed necessary or advisable as a corollary to the planned treatment.

I hereby state that I have read and understand this consent form, that I have been given an opportunity to ask questions I might have, and that all questions about the procedure or procedures have been answered in a satisfactory manner.

Parent's Name: _____ **Date:** _____

Signature of Parent/Guardian
