

Parental Consent Form For Dental Treatment

Child's Name _____ Date _____

Your child is in need of some basic dental care. This form gives us your permission to provide that care in your absence. **I understand that by signing below, I authorize the following procedures to be performed as deemed necessary by Brighter Smiles Family Dentistry. Please check all that you consent to.**

- ___ Dental Cleaning
- ___ Examination
- ___ Necessary X-Rays
- ___ Fluoride Treatment

I understand that as the parent/guardian of the child, I am financially responsible for all payments for treatment rendered to the child. If the child has dental insurance, Brighter Smiles Family Dentistry will submit claims to your insurance company as a service to you. However, the parent/guardian is ultimately responsible for payments for treatment regardless of insurance claim payment.

Parent/Guardian _____ Parent/Guardian _____
Print Signature

Relationship to Child _____ Parent/Guardian Phone Number _____

Parental Consent Form For Dental Treatment

Child's Name _____

Date _____

Your child is in need of dental care. This form gives us your permission to provide that care in your absence. **I understand that by signing below, I authorize the following procedures to be performed as deemed necessary by Brighter Smiles Family Dentistry. Please check all that you consent to.**

_____ **Dental Filling(s):** Decay dissolves the tooth, and if not treated, will result in an abscessed tooth causing pain and infection. The dentist will remove the decayed and weakened part of the tooth and replace it with a tooth colored filling material. A local anesthetic may be used that will "numb" the area being treated for a few hours.

_____ **Root Canal Treatment(s):** When decay or infection progresses far enough that tissue inside the tooth is infected, the infected tissue must be removed and a special filling placed in order to keep the infection from spreading. The treatment usually takes multiple visits during which an anesthetic will be used. Pain or swelling after this treatment is possible and usually minor. Antibiotics may be used to control possible infections. After treatment, a filling or crown will be placed to help strengthen the tooth and keep it from fracturing.

_____ **Extraction(s):** Extracting a tooth may be necessary because an infection has spread too far, the cavity has spread too far, the tooth has fractured, or a primary (baby) tooth is over-retained. After "numbing" the area with anesthetics, the tooth will be removed and the area packed with gauze to control bleeding. Pain or swelling after treatment is possible and usually minor.

_____ **Sealant(s):** Back teeth have grooves and pits in which decay can start. The grooves will be "sealed" with a coating to help prevent decay from starting. No anesthetic is needed.

_____ **Nitrous Oxide:** If a child is particularly nervous about dental treatment, Nitrous Oxide ("laughing gas") can be used to relax the child so the work can be done easier.

_____ Other: _____

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