

**GENERAL CONSENT FOR TREATMENT**



State law requires us to obtain your consent for your child’s contemplated dental treatment or oral surgery. Please read this form carefully and feel free to ask any questions that you may have. We will be happy to explain anything that you do not understand.

I hereby authorize and direct Dr. Christine Wohlford, assisted by other dentists and/or dental auxiliaries of her choice, to perform upon my child (or legal ward) the following dental treatment(s) or oral surgery procedure(s), including the use of any necessary or advisable local anesthetics and/or diagnostic aids (including radiographs, or “x-rays”). You have a right to refuse consent to a procedure before it is performed. In general terms, the dental procedure(s) may include one or a combination of the following:

- Cleaning of the teeth and the application of topical fluoride
- Dental radiographs and/or intraoral photographs
- Application of sealants for posterior teeth that are deemed susceptible to decay
- Treatment of infected or injured oral hard and/or soft tissues including the placement of any restorative materials and/or medicaments deemed necessary, including but not limited to: resin (tooth-colored) restorations, amalgam (silver) restorations, stainless steel crowns, esthetic crowns, temporary restorative materials, and pulpotomies (pulpal therapy)
- Extraction (removal) of one or more teeth
- Replacement of missing teeth with dental prosthesis
- Space maintenance and/or appliance therapy
- Use of nitrous oxide
- Use of a physical restraint device (papoose board) in order to safely and adequately complete the necessary dental procedure- typically only in the case of emergency dental treatment

This treatment has been explained to me and I have had the opportunity to have ask any questions that I have. Alternative methods of treatment, if any, will also be explained to me along with the advantages and disadvantages of both. I am advised that although excellent results are to be expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the result of the treatment or as to the cure.

I hereby state that I have read and understand this consent, and that all questions about the procedure(s) have been adequately answered to my satisfaction. I understand that I have the right to be provided with answers to questions that may arise during the course of treatment. I further understand that this consent will remain in effect until such time that I choose to revoke it.

---

Patient’s name D.O.B.

---

Signature of parent/guardian Relationship to patient Date

---

Witness Date

---

Signature of Dentist Date