



Carr Pediatric Dentistry  
Pediatric Dentistry Parental Consent

### INFORMED CONSENT

Our pediatric dental office philosophy is based on our commitment to preventive dentistry and to creating a supportive and nurturing environment for the children and young adults under our dental care. In particular, we are dedicated to providing safe, comfortable and quality dental treatment for all of our patients.

We are required to obtain your informed consent before we can provide any dental services for your child. Our most important general office policy is to "inform before we perform". Specifically, we are requesting your permission for the following diagnostic and preventive dental procedures: comprehensive clinical examination, selected diagnostic x-rays, thorough professional cleaning and decay-fighting fluoride treatment.

If dental treatment is necessary, we require your consent for a number of additional procedures which include, but are not limited to, the following: local anesthesia ("novocaine", actually "lidocaine" or "septocaine"), and dental restorations. A comfortable mouth prop ("tooth pillow"), extensive use of the classic "tell-show-do" method, modeling and voice control may also be used to introduce new methods and materials to your child. We occasionally like to take impressions for tooth models and photographs of the inside of a child's mouth and of the face to aid in diagnosis and treatment planning. Unless specifically invited by a doctor, parents, guardians and other caretakers are requested to remain in our reception area during your child's dental appointment. The child's mother or father (legal guardian) must accompany their child to the office for the initial appointment. A designated guardian (i.e. step-parent or grandparent) may accompany the child for subsequent appointments only if prior written consent is given.

We would like to stress the importance of arriving on time for your appointment, if you are unable to arrive on time or at all for an appointment, please notify us as far in advance as you can. There will be a \$50 charge for any appointment cancelled without a 48 hour notice.

Please feel free to ask us any questions you may have regarding the preceding information or concerning any other aspect of our dental practice or your child's dental treatment.

Therefore, I hereby give my consent to provide mutually agreed upon dental services for my child. I further agree that this consent shall remain in full force unless withdrawn in writing by the person who has signed below on behalf of the minor patient or themselves.

Thank you for taking the time to read and sign this important document.

\_\_\_\_\_  
PRINT PATIENT'S NAME

\_\_\_\_\_  
YOUR RELATIONSHIP TO PATIENT

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
PRINT YOUR NAME