

Appointment Date: _____



MINOR/CHILD CONSENT

I, being the Parent or Guardian of: _____, hereby request and authorize the
(Print Minor's Name)
dental staff contents of this Consent form.

Please verify allowed procedures below:

- ☐ Exam ☐ X-rays ☐ Cleaning ☐ Fluoride ☐ Sealants
☐ Nitrous oxide (laughing gas) ☐ Administration of local anesthesia
☐ Treatment that has already been discussed, consented to, and treatment plan signed by **legal guardian**

DENTAL TREATMENT: I understand that during the treatment, it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. I give my permission to the dentist to make any/all changes and additions as necessary. I consent to the use of photography for the purposes of future education and display of specific dental procedures performed by Le Center Dental Clinic.

FINANCIAL AGREEMENT: If utilizing insurance, coverage is only an estimation. The guarantor is responsible for all treatment costs not covered by insurance. The estimated patient portion is due day of service. I agree that I am ultimately responsible for all fees and services rendered.

I, _____, have had full opportunity to read and consider the
(Print Guardian's Name)
contents of this Consent form.

If circumstances permit and/or Le Center Dental Clinic needs to contact me, please contact me at the following phone number: _____

Guardians Signature: _____ Date: _____

Relationship to child: _____

****** Note: Consents are NOT required in emergency situations.**