# Avery Ranch Dental

## Consent to Treat Children

PATIENT NAME: ____________________________

DOCTOR NAME: ____________________________

DATE: ________________________________

I, ______________________________, authorize Avery Ranch Dental to release my child to the following people:

1. ______________________________________
2. ______________________________________

I, ___________________________________, authorize Avery Ranch Dental to accept authorization for any changes in treatment on my child from the following people:

1. ________________________________________
2. ________________________________________

___ I consent to the administration to such local anesthesia as deemed necessary by the above named Doctor to accomplish the proposed procedure.

___ I have had an opportunity to discuss with the Doctor my child's treatment needs, recommendations, past medical and health history including any serious problems and injuries.

___ Due to the unique differenced in each patient's oral cavity and oral hygiene abilities there is a risk for relapse, reoccurrence, and failure of restorations. It is the doctor's opinion that therapy will be helpful and worsening of the conditions would occur sooner without the recommended treatment

I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ FULLY AND UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE PROCEDURE AND THE EXPLANATION REFERRED TO OR MADE. ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARA-GRAPHS, IF ANY; WERE STRICKEN BEFORE I SIGNED. I ALSO STATE THAT I READ AND WRITE ENGLISH.

€ I GIVE CONSENT FOR THE TREATMENT AS DESCRIBED ABOVE.

€ I REFUSE TO GIVE MY CONSENT FOR THE PROPOSED TREATMENT AS DESCRIBED ABOVE. I HAVE BEEN EXPLAINED AND UNDERSTAND THE POTENTIAL CONSEQUENCES OF MY CHOICE.

| Witness | Patient, Parent*, Guardian** | Date |
|---|---|---|
| Witness | Doctor | Date |

** Guardian is to initial each paragraph after reading.
* Child: Any unmarried male or female that has not reached their 18th birthday.