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Pediatric Dentistry
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Denial of Crown Consent Form

State Law requires us to obtain your consent to the proposed treatment for your child. Please read this form carefully and ask questions about anything that you do not understand.

I, _____, as the legally responsible parent/guardian of _____
give my consent to the proposed treatment.

Drs. Banker/Mueller and/or staff regarding multi-surface fillings verses stainless steel crowns have informed me. I understand that silver/white fillings may be a compromised treatment. Drs. Banker/Mueller cannot guarantee that fillings will last the life span of the primary tooth. Decay involving multi-surfaces of a primary tooth are best restored with a stainless steel crown.

I understand the restorative philosophy and concepts of the above paragraph, but choose to have fillings placed and understand the possibilities of further treatment at an additional expense.

I hereby state that I have read this consent form and understand to my satisfaction the procedures to be performed, and that all questions about the procedures have been discussed and answered in a satisfactory manner I accept the possible risks of the fillings failure and the above stated concepts of restorative care.

Signature of Parent/Guardian _____

Relationship to patient _____

Date ____/____/____ Time _____ am/pm Chart Number _____

Witness _____

I certify that the explanation of the above procedures was given to the parent/guardian before requesting their signature.

Signature of Dentist _____ Date ____/____/____