

Consent for Care



Parents: Prevailing medical/dental practice law requires that we ask you to read the following and sign at the bottom. We apologize, in advance, for the impersonal nature of this form.

I am the parent or legal guardian of _____ and I have legal authority to give consent for medical/dental treatment for him/her. I do hereby request and authorize the dental staff of Kitfox Pediatric Dentistry to perform dental services for my child, including, but not limited to comprehensive examinations, cleanings, x-rays and photographs as necessary for diagnostic purposes, any necessary treatment, and the administration of anesthetics that are deemed advisable by Dr. Akins, even in the event I am not present when treatment is rendered. I understand that dental treatment for children includes efforts to guide behavior by helping them understand the treatment in terms appropriate for their age.

Note about the first Appointment

During most first appointments we:

- Perform an examination of the teeth, gums and surrounding tissues lean you child's teeth
- Apply a highly concentrated fluoride to the teeth
- Take x-rays. (X-rays are indicated during many, but not all, first appointments)
- Review proper oral hygiene methods in a manner appropriate to your child's age.

If you are concerned about or object to any of these procedures, please let us know before we begin.

Signature of
Parent/Guardian _____ Date _____

Patient's Name _____ Pt # _____

