

# General Consent Form / Child Under 18 Form

## EXAMINATION AND X-RAYS

I understand that the initial visit may require radiographs to complete the examination, diagnosis and treatment plan. I understand I am to have work done as detailed in the attached treatment plan.

\_\_\_\_\_ **INITIALS**

## DRUGS, MEDICATION AND SEDATION

I have informed the staff or dentist of any known allergies; I also have been informed and understand that antibiotics and other medications can cause allergic reactions causing redness swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock. I understand antibiotics can reduce the effectiveness of oral contraceptives (birth control pills). Failure to take medications prescribed to me in the manner prescribed may offer risks of continued or aggravated infection and pain and potential resistance of my treatment. I understand all the potential risk therefore it is important to notify my doctor of any current medication being taken and/or allergies.

\_\_\_\_\_ **INITIALS**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Parents With Children Under 18

- Children under the age of 18 must be accompanied by a parent or guardian to the office. You must stay with your child during the appointment. You cannot drop your child off and leave them unsupervised.
- The law states that we may not treat them without permission of a responsible adult. Children under 18 who come without a parent or guardian cannot be seen on that day. \_\_\_\_\_ **Initials**

## Child Care Arrangements

- Due to safety concerns, we cannot have unsupervised children at the office. Please make prior arrangements for supervision of your children during dental visits. \_\_\_\_\_ **Initials**

IF YOU UNDERSTAND AND AGREE TO THIS POLICY, PLEASE SIGN BELOW. Thank you for your cooperation and understanding in this matter. Hopefully, we can all work together to improve the availability of dental services to all of our patients.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_