

## Parental Consent Form

We want to thank you for choosing \_\_\_\_\_ Family Dental. We strive to extend the most comprehensive dental care possible. In doing this at each of your child's dental cleaning visits, it will be **Standard Practice** to perform:

- **A prophylaxis, exam and administer a fluoride treatment** \_\_\_\_\_ (int.)
- **Bitewing radiographs** will be taken once a year. These are cavity disclosing radiographs. \_\_\_\_\_ (int.)
- We will also take a **Panorex** once every three to five years \_\_\_\_\_ (int.)
- **Sealants** are also recommended on your child's permanent molars. This is usually around the ages of 6 and 12 years. \_\_\_\_\_ (int.)
- **It is your responsibility** to know what your insurance will or will not cover. \_\_\_\_\_ (int.)

We are here to provide you and your child with excellent dental care. We would like to thank you for allowing us to give you the best dental care that you deserve.

\_\_\_\_\_ Family Dental

Dr. \_\_\_\_\_

I \_\_\_\_\_ hereby give my consent to the treatment outlined by my dentist.  
Parent or Guardian Signature

\_\_\_\_\_  
Office Manager Signature