

Stone & Johnson at Edinborough Dental

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Pediatric Dental Treatment Consent Form

As health professionals, it is necessary that we obtain your consent for treatment on your child. Please read this form carefully and ask any questions that may not be clear or you may not understand.

- I _____, Authorize Dr. Johnson/Thimjon and his
(Parent or Guardian Name)

assistant to treat my child for the following dental procedures. Including the use of oral anesthesia, nitrous oxide and radiographs that may be necessary.

- General procedures include.

- _____ A. Dental cleaning with radiographs, as ordered by Doctor.
- _____ B. Fluoride varnish application.
- _____ C. Placement of restoration ("filling") on broken or decayed teeth.
- _____ D. Use of local anesthesia.
- _____ E. Placement of sealants.
- _____ F. Use of analgesia = Nitrous Oxide Gas (if necessary).

My child's treatment, alternative methods of treatment, as well as advantages and disadvantages of each have been explained to me. I have been advised that although the best results are expected, there is no way within reason of anticipating complication. Therefore, it is not possible to guarantee the results of the treatment. Although occurrence is extremely remote it is known that some risks are associated with dental procedures.

Parent or Guardian Signature

Date