



General Treatment Consent Form

Our pediatric dental office philosophy is based on our commitment to preventive dentistry and to creating a supportive and nurturing environment for the children and young adults under our dental care. In particular, it is our intent to deliver the highest quality professional care to each child in a safe and comfortable manner. Your child's best interest are most important to us. All efforts will be made to help your child cooperate by using warmth, friendliness, persuasion, humor, kindness, and understanding. Pediatric dentists use many behavior guidance techniques in order to gain the cooperation of child patients, eliminate or reduce disruptive behavior, and prevent bodily injury that may directly result from a patient's uncontrolled movements. Your child's safety is our main concern. The behavior management techniques used in this office are approved of by the American Academy of Pediatric Dentistry and are summarized on the back of this form. It is our obligation to provide our patients with information regarding the planned treatment we are recommending. Informed consent indicates your awareness of, and agreement to, sufficient information to allow you to make an informed personal choice concerning your child's dental treatment after considering the risks, benefits, and alternatives, including the advantages and disadvantages of each treatment option. It is our intent to provide the best possible dental care for your child. Please read this form carefully and ask about anything you do not understand or have further concerns with. We will be pleased to further explain and discuss it with you.

INFORMED CONSENT

1. I understand that specific dental/surgical procedures will be explained when I am presented his or her treatment plan. Alternate methods, if any, will also be explained to me, as will the advantages and disadvantages of each. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and, therefore, there can be no guarantee, expressed or implied, as to the result of the treatment.

2. I understand it is my responsibility to advise the office of any changes in the information contained in these forms. I hereby state that I have read and understand this consent, and that all questions about the procedure(s) have been answered to my satisfaction. I understand that I have the right to be provided with answers to questions that may arise during the course of my child's treatment. I further understand that this consent will remain in effect until such time that I choose to terminate it in writing. 3. I have read the preceding information regarding behavior guidance techniques and hereby authorize and direct Dr. Renata Da Fonseca and her team to utilize the behavior guidance techniques listed on this consent form to assist in the provision of the necessary dental treatment for my child. I acknowledge that I have read and understand this consent, and that all questions about behavior management techniques described have been answered in a satisfactory manner.

4. I hereby authorize and direct Dr. Renata Da Fonseca and team to perform on my child recommended dental treatment mutually agreed upon by me, as presented in the treatment plan, including a clinical examination, necessary radiographs (x-rays), and a thorough professional cleaning and fluoride treatment.



Patient's Name

Parent or Legal Guardian's Signature

Parent or Legal Guardian's Name

Date

If you have questions about any of this information please speak with one of our team members.