

## **PARENTAL CONSENT FORM FOR DENTAL TREATMENT**

Childs Name: \_\_\_\_\_

Your child is in need of some basic dental care. This form explains the care that your child needs, and requests you permission for Supreme Dental Care to provide that care.

Dental Fillings, Tooth/Teeth: dental decay dissolves the tooth and if not treated properly will result in an abscessed tooth causing pain and infection. The dentist will remove the decayed and weakened part of the tooth and replace it with a silver alloy or tooth colored material to strengthen the tooth.

Local Anesthetic

Sealants

Stainless Steel Crowns

Nerve or Pulp Treatment

Extraction or Removal of Tooth

Nitrous Oxide and/or Premedication

I understand that my child may need dental care and given the above information,

I give my consent for all these services

Signature

(Parent/ Guardian)

\_\_\_\_\_ Date: \_\_\_\_\_