

CONSENT FORM

I, the undersigned, being the individual having the authority to give legal consent for dental treatment of _____, a minor child, do hereby authorize _____ to act as my agent to consent to such treatment and care which Dr. Suh, in the exercise of her best judgment, may deem advisable. In signing this form, I warrant that I have read and am voluntarily signing this agreement, under the understanding this authorization provides the above agent with the authority and power to give that consent. I am also aware I shall be liable and agree to pay all costs and expenses incurred in connection with such services rendered to the aforementioned child **on the day of service**, pursuant to this authorization.

I understand that my child will be having the following treatment: (Please Initial)

- _____ Fillings (composite/white fillings)
- _____ Extractions (removal of teeth)
- _____ Stainless Steel Crowns
- _____ Root Canal (nerve treatment)
- _____ The use of Nitrous Oxide
- _____ Other

I understand that during treatment, it may be necessary to change or add procedures because of conditions found while working on the teeth. I give my permission to the dentist to make any/all changes.

This authorization shall remain effective unless revoked in writing, at a later date.

(Your Signature)

(Your Printed Name)

(Date)