

**CHARM PEDIATRIC DENTISTRY
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 _____
(Name of Child/Children) (Name of Agent)

to act as my agent to consent to such treatment and care which Dr. Suh/Dr. Hunt, in the exercise of their 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 and make decisions for treatment. I am also aware that I shall be liable and agree to pay all costs and expenses incurred in connection with such services rendered to the aforementioned child/children on the day of service, pursuant to this authorization.

I hereby authorize Dr. Yoosung Suh DMD and/or Dr. Eric Hunt DMD to perform upon the above-mentioned child/children the following procedure(s)/treatment(s):

Exam, prophylaxis, fluoride, x-rays, nitrous (laughing gas), local anesthetic, SDF (silver diamine fluoride, nerve treatment, sealants, white fillings, and spacers.

I understand that during the 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.

Parent/Guardian Signature

Date