



Jeffrey T. Root, D.D.S. ~ John A. Krishinger, D.D.S. ~ Meghan R. Valdes, D.D.S.

Dental Treatment Consent Form

Patient's Name: _____ Birthdate: _____ Chart # _____

I give consent for myself/my child to receive dental treatment deemed necessary by the providers at Drs Krishinger Root & Associates. These procedures include, but are not limited to; examinations, oral prophylaxes (cleanings), fluoride treatments, sealants, restorations (amalgam or composite fillings and crowns), periodontal (gum) treatments, endodontic (root canal) treatments, extractions, and the use of local anesthetics. I understand that the use of local anesthetics carries a small risk for swelling, bruising, allergic reaction, changes in pain perception, or prolonged anesthesia. This consent shall be considered in effect until rescinded or revoked.

_____	_____	_____
(print your name)	(relationship)	(date)
_____	_____	_____
(your signature)	(witness)	(date)

This section needs to be completed for children under the age of 18 by a parent or legal guardian ONLY.

I affirm that I am the parent or legal guardian for the above named minor child. If I am unable to accompany my child, I give permission for the individuals named below to escort my child for dental treatments:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If child is over 13, please check one: Since my child is over the age of 13, I also give permission for him/her to present for treatment unaccompanied by an adult. I understand that no invasive treatment, such as extractions or the initiation of root canal therapies, will be performed unless I am notified by telephone. In the event of an emergency, when I cannot be reached, I give permission to perform whatever therapies are deemed necessary by the treating provider. Although my child is over 13, I wish to be present for all treatments performed.

(signature of parent or legal guardian)

This consent shall be considered in effect until rescinded or revoked.

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