



## Treatment for Minor Consent

At **Bayview Dental** one of our most important policies is to "inform before we perform." Before we begin treating your child, we ask your permission for periodic dental examinations, x-rays, dental cleanings and fluoride applications. We also need your permission to perform dental treatments, restorations and/or appliances as needed to return all teeth to health and proper function, using local anesthetic and a comfortable mouth prop.

Although our goal is the best oral health for your child, there are some slight risks involved in getting to that goal. Very rarely, dental treatment may be associated with numbness, bleeding, discoloration, soreness, upset stomach, dizziness, allergic reaction, swelling and infection. But ignoring a known dental problem has an even greater risk. Not treating existing dental problems in children may result in abscess, infection, pain, fever, swelling, considerable risk to the developing adult teeth, and may create future orthodontic and gum problems.

A visit to the dental office presents the young child with lots of new and unfamiliar experiences. All efforts will be made to gain the confidence and cooperation of our young patients via warmth, humor, gentle understanding, simple explanations and demonstrations, positive reinforcement and friendly persuasion. High quality and gentle dental care for children is our goal.

**Please confirm the name of the minor that you are consenting treatment for:**

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**What is your relationship to the minor?** \_\_\_\_\_

I have authority and give consent to BayView Dental Associates to perform dental treatment on this minor.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Acceptance by BayView Dental:** \_\_\_\_\_ **Date:** \_\_\_\_\_