



Consent Form

I _____ the mother / father / guardian of _____
(print Name) (circle) (print Name)

1. Certify to the truth of all information given in the Health and Dental History. I also authorize the release of pertinent information to those persons requiring it for treatment of my child according to PIPEDA guidelines.

Signature

Date

2. Since the above patient is a minor, consent that to do an examination, to take appropriate x-rays, to do appropriate other diagnostic test and materials, to clean the teeth, to give fluoride treatment, and to have oral hygiene instruction if deemed necessary. I also give permission to provide emergency dental care, if needed.

Signature

Date

3. Since the above named child is a minor give authorization to administer treatment, anaesthetics and perform such operations or otherwise manage my child as may be deemed necessary or advisable. I understand I will be consulted before any treatment is rendered.

Signature

Date

4. Consent to the Use of Nitrous-Oxide Oxygen (Laughing Gas) sedation to allow the above child to be comfortable during dental procedures.

Signature

Date

5. Consent to oral sedation including the following drugs Versed (Valium Derivative), Atarax (prevents vomiting) Advil (pain control) to allow the above child to be comfortable during dental procedures

Signature

Date

6. Consent to the use of physical restraint including the use of a papoose board so that the above child will not be injured and dental treatment can be completed.

Signature

Date

7. Have read the Financial Policy of Toronto Children's Dentist and I am responsible for payment of the account. I understand that my insurance coverage is a relationship between me, the insured, and my insurance company.

Signature

Date

I further understand this consent will remain in effect until such time as I choose to terminate it.