



General Consent Form

I give consent for myself/my child to receive dental treatment deemed necessary by the providers at NABA DENTAL. These procedures include, but are not limited to; Examinations, Oral prophylaxis (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This consent shall be considered in effect until rescinded or revoked.

Patient Name: _____ **Date of Birth:** _____

Patient's Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

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

Patient Name: _____ **DOB:** ___/___/___ **Relationship:** _____

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: _____

**** 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 therapy 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.

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian **Date**

Witness **Date**

