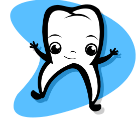
Tri-County
Community Action Agency



CONSENT FOR DENTAL SERVICES

Patient Last Name: ______________________________ First Name: ____________________ MI _____

Patient DOB: ____________________________

I give the consent for myself/child to receive dental treatment deemed necessary by the providers at Tri-County Community Action Agency. 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 anesthesia carries a small risk for swelling, bruising, allergic reaction, changes in pain perception, or prolonged or permanent anesthesia.

This consent shall be considered in effect until rescinded or revoked in writing.

Please complete the section below for patients under the age of 18 years. Must be completed by 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 individual named below to escort my child for dental treatments. I understand that only the provided names are allowed to accompany the minor patient.

Name:____________________________________Relationship:_________________________

Name:____________________________________Relationship:_________________________

Name: ____________________________________Relationship:_________________________

Name:____________________________________Relationship:_________________________

- **Please be advised only parent or legal guardian is allowed to accompany minor patient for consent required procedures**

This consent shall be considered in effect until rescinded or revoked in writing.

____ ____________________

Signature of Patient, Parent, Guardian or Personal Representative Date

____ ____________________

Print Name Relationship

____ ____________________

Witness Signature Date