



PARENTAL CONSENT FORM

I, _____, give _____ Family Dentistry permission to treat my child, _____, on this day _____ in my absence. I am fully aware of the treatment being done for my child today.

Treatment Planned:

| Code | Tooth # | Description | Total Fee |
|------|---------|-------------|-----------|
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I understand that I owe the estimated amount of \$ _____ The above estimated fee is based on the current information you and your insurance company have provided our office. Please note that exact amounts are not known until a claim has been paid.

I understand that on rare occasions, treatment may need to be altered. In the event that my child requires an alternate treatment from what is listed above, _____ Family Dentistry will determine what is best for my child and I will be notified if I am able to be reached at the number I have provided them.

I understand that in the rare event my child needs emergency medical care in my absence that _____ Family Dentistry will determine what is best for my child’s health and safety.

I am leaving my minor child in the care of _____ Family Dentistry and consent for the dentist and other dental professional in the office to make necessary decisions for my child based on his or her medical and dental needs.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

I can be reached at phone number _____ in the event of an emergency.

If you are faxing this form, please provide us with a copy of your I.D. for verification and protection purposes.

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| Smithfield Family Dentistry 910 S Bright Leaf Blvd. Smithfield, NC 27577 | Ph# (919) 934-1333 Fax# (919) 934-4748 |
| Creedmoor Family Dentistry 110 W. Church Street Creedmoor, NC 27522 | Ph# (919) 528-4004 Fax# (919) 528-2211 |
| Pittsboro Family Dentistry 987 East Street Pittsboro, NC 27312 | Ph# (919) 545-9500 Fax# (919) 542-0904 |
| Roxboro Family Dentistry 347 S. Madison Blvd. Roxboro, NC 27537 | Ph# (336) 599-1349 Fax# (336) 332-3776 |
| Leland Family Dentistry 117-H Village Rd. Leland NC 28451 | Ph# (910) 371-5664 Fax# (910) 371-5667 |