

Parental Consent Form



Date: _____

Child Name: _____

Allergies: _____

Medical Alerts: _____

I give Apex Dental Group and staff permission to treat my child during my absence.
The following is treatment planned for today's appointment:

- _____ Exam
- _____ Prophylaxis
- _____ Bitewings
- _____ PA x-ray
- _____ Fluoride treatment
- _____ Sealants – Teeth # _____
- _____ Fillings – Teeth # _____
- _____ Anesthesia
- _____ Panoramic x-ray
- _____ Other _____

Does child need to be pre-medicated for treatment? Yes / No

In the event of a medical emergency, I can be reached at _____ or
_____.

If I cannot be reached, I give Dr. John Kitzmiller permission to perform medical
emergency/dental services.

Parent or Legal Guardian's signature: _____