



# 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

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.*

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