

Consent for Dental Treatment under General Anesthesia

I _____ (legal guardian), give consent for _____ (patient) to receive dental treatment under general anesthesia. I authorize the pediatric dentists at Associated Dental Specialists of Long Grove to provide the following services as consented:

X-rays____, Prophylaxis____, Local Anesthesia____, Fluoride____, Sealants____, Stainless Steel Crowns____, Composite Fillings____, Composite Crowns____, Pulpotomy/Pulpectomy____, Extractions____, Space Management____, Other,_____.

I understand that the treatment plan may need to be altered during treatment. I authorize the dentists at Associated Dental Specialists of Long Grove to provide any necessary alternative or additional treatment. The nature of the dental treatment, the risk and alternatives have been fully explained to me including the risk and alternatives of refusing dental treatment.

All patients undergoing dental rehabilitation under general anesthesia are subject to the risk of medical complications, included in your consent for general anesthesia. I understand that the explanation of the risks and consequences that I have received is not exhaustive.

Through my signature, I acknowledge that I have read this document in its entirety and that I fully understand it. I have been given the opportunity to discuss this information and have had all of my questions answered. I request and consent to the above treatment for my child.

Parent/Guardian Signature: _____

Date: _____

I, Dr. _____ explained all the above. I also delivered a patient instructions sheet and explained it.

Dr. Signature: _____

Date: _____