



MAD RIVER FAMILY DENTAL

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General Consent to Receive Dental Services

This is a general treatment consent form that is required for you to receive any dental services at this office. Please read this form carefully. This general consent includes common, routine dental examination and treatment, including but not limited to:

1. Examination and x-rays of the tissues of the mouth
(including the teeth, tongue, throat, cheeks, probing of the gums, etc.)
2. Cleaning the teeth and hygiene instruction
3. Numbing the teeth or gums as necessary to provide comfortable treatment
4. Standard fillings and crowns that may be needed from time to time, according to the treatment plan
5. Other procedures according to the treatment plan agreed upon by the patient

More extensive or more invasive treatment options, such as extractions or root canals, may have an additional consent required.

Signing this form does not mean that I am obligated to have the recommended treatment provided to me. I understand that I may refuse treatment at any time before the treatment is provided.

I am, or my parent, legal guardian or representative is, signing this consent. I understand and give my consent to have examination and treatment at this office.

Patient Name:	Patient/Parent/Legal Guardian/ Representative Signature:	Date:

For Minor Patients (under the age of 18)

Our office welcomes patients of all ages, including children. For new patients who are under the age of 18, the minor patient MUST be accompanied by a parent or legal guardian for their first appointment. For any future appointments, the minor may be accompanied by the individuals that I designate below:

Name:	Relationship:

Name:	Relationship: