



Healthy Smile Center

9 N Washington
Oxford, MI 48371
Ph (248) 969-4840 / Fx (248) 969-4841

Subject: Informed Consent for Pediatric Dentistry

Patient Name: _____

1. I agree for my child to be examined by Dr. Martha Vega-Crist, D.D.S.
2. I understand that this service may include a dental examination, x-rays, and other diagnostic materials that may be needed for providing dental care.
3. I understand that these services can and may include, but are not limited to prophylaxis (teeth cleaning), fluoride, sealants, fillings, root canals, crowns, partial dentures, and extractions.
4. I authorize the use of local anesthetic and nitrous oxide in conjunction with oxygen to aid in completing the treatment described.
5. I understand dentistry is not an exact science and therefore, no one can guarantee results of the care.

Patient Name

Date

Name of Parent/Guardian

Signature of Parent/Guardian

Witness