

# KIDS TOWN PEDIATRIC DENTISTRY

## CONSENT TO PROCEED

I authorize Dr. Brett Packham or Dr. Renn Veater and/or such associates or assistants as they may designate to perform those procedures as may be necessary or advisable to maintain the dental health for any minor child or other individual(s) for which I have responsibility, including arrangement and/or administration of any sedative including but not limited to nitrous oxide, topical anesthesia, oral anesthesia, analgesic, palliative, therapeutic and/or surgical treatment. I understand that the administration of local anesthetic may cause an adverse reaction or side effect(s) which may include but are not limited to: bruising, hematoma, cardiac stimulation and temporary or rarely permanent numbness and muscle soreness. I do voluntarily assume any and all possible risks including the risk of substantial and serious harm which may be associated with general preventive and operative treatment procedures in hopes of obtaining the potential desired results, which may or may not be achieved for my benefit or the benefit of my minor child or ward. I acknowledge that the nature of purpose of the foregoing procedures has been explained to me and I have been given the opportunity to ask questions.

I understand that if my child needs additional work done the doctors do their best to treatment plan at the initial exam, however there are certain items when they are unable to get full exam or proper x-rays taken, therefore I understand that treatment may change once my child is brought back to complete the treatment. I acknowledge that Kids Town Pediatric Dentistry will do their best to inform me of any changes before they are completed, however due to the nature of some appointments they may not have the opportunity to do so. I acknowledge that it is still my responsibility to pay IN FULL any additional or unplanned treatment done for my child.

I understand that Kids Town Pediatric Dentistry does NOT offer Amalgam(silver) Fillings therefore if my insurance company only pays for those specific fillings I understand it is my responsibility to cover the difference between the Fee's charged by Kids Town Pediatric Dentistry and what my insurance will allow. I also understand that if my insurance has restrictions and/or limitations on the allowed amount of X-rays and Fluoride treatments per year it is MY responsibility to let Kids Town know if I would like them done at each appointment. I am aware that if my child needs a crown(s) done, Kids Town Pediatric Dentistry will use Stainless Steel crowns to complete treatment as they are the most durable, long lasting and cost efficient method of treatment.

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Signature of Parent or Legal Guardian

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Date