CONSENT FOR TREATMENT
---- AND ----
RELEASE OF INFORMATION

Please read this form carefully and ask us about anything you do not understand.

As parent/guardian of _____, I grant Dr. Quackenbush and his dental staff permission to provide my child's dental services, such as x- rays, study models, photographs or other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis. I authorize Dr. Quackenbush to obtain pertinent information from or send a dental report to my child's physician and/or referring dentist. I also give my authorization for them to perform treatment and give medication or therapy that may be indicated in connection with my child's diagnosis and treatment plan.

In general terms the procedure will include:

_____ Exam, teeth cleaning, fluoride, and necessary x-rays
_____ Sealing pits and grooves of teeth to assist in decay prevention
_____ Repair of diseased/broken teeth with metal (stainless steel) crowns
_____ Repair of diseased/broken teeth with tooth colored fillings
_____ Treating infected teeth and/or gums
_____ Removal of one or more teeth
_____ Use of nitrous oxide-oxygen analgesia ("laughing gas")
_____ Use of sedative drugs to control apprehension/disruptive behavior
_____ IV General Anesthesia

This treatment has been explained to me, as have risks, possible complications, and alternate methods of treatment, with the advantages and disadvantages of each. I am advised that although good results are expected, the possibility and nature of complications cannot be accurately anticipated. Therefore, there can be no guarantee as to the result of treatment or as to cure. I wish to rely on Dr. Quackenbush to exercise judgment during the course of the procedure that he feels at the time, based upon the facts then known, are in my best interest.

_____	_____	_____	_____
PARENT/GUARDIAN SIGNATURE	RELATIONSHIP	DATE	WITNESS

TIMBER FALLS PEDIATRIC DENTISTRY • DR. BRETT QUACKENBUSH • 1534 E. RAY RD, SUITE 121 GILBERT, AZ 85296
480.963.8373 • FAX 480.963.4489 • www.timberfallspediatricdentistry.com