



1075 Berkshire Blvd.
Suite 950
Wyomissing, PA 19610
(610) 678-2175

Consent for Dental Treatment—Patient Under Age 18

Child's Full Name: _____ Age: _____ DOB: _____

Parent/Guardian Information:

Names (Both Parents): _____

Home Phone: _____
Cell Phone: _____
Other Phone: _____

Address: _____

1. State Law requires us to obtain parental consent for dental treatment of a minor.
2. In general terms the dental treatment may or may not include some of the following:
 - a. Radiographs (x-rays)
 - b. Cleaning and Fluoride treatments
 - c. Sealants
 - d. Use of local anesthesia, by injection, to numb the teeth requiring treatment
 - e. Treatment of diseased or injured teeth with dental restorations (fillings or caps)
 - f. Extractions
 - g. Use of a mouth prop to help the child keep his mouth open
3. I fully understand the possibility, although infrequent, of a surgical or medical complication developing during or after the procedure. These risks and side effects may include infection, swelling, prolonged bleeding, tooth discoloration, injury to the tongue or lips, injury to a nerve, fracture of a tooth, or allergic reaction to a medication given. Any adverse reaction may result in the need for hospitalization, further dental or surgical procedures, disability, or permanent impairment.

Please Initial Below:

_____. The undersigned, parent/guardian of the child, hereby consents to the terms of dental care and treatment to the above child by Michael B. Balthaser, D.M.D., LLC and Dental Arts of Wyomissing. The undersigned parent/guardian also agrees to be fully responsible for the payment of all charges for such dental treatment and agrees to pay for the treatment in accordance with the policies of Michael B. Balthaser, D.M.D., LLC and Dental Arts of Wyomissing.

_____. This consent is ongoing, and shall remain in effect until revoked in writing by the undersigned. The undersigned also represents and warrants to Michael B. Balthaser, D.M.D., LLC and Dental Arts of Wyomissing that such parent/guardian is empowered to consent to this dental treatment, and is not subject to any court order regarding the care of custody of the minor child, which would require the consent of any other parent or any third person, including any guardian or health-care representative.

I hereby state that I have read and understand this consent form. I hereby authorize and direct Michael B. Balthaser, D.M.D. and his staff to perform dental treatment on my child

Signature of Parent or Guardian: _____

Date: _____