

Kids First Dental General Consent Form

I hereby authorize Dr. Cristelle Rodriguez, DDS and her associates to provide dental services, prescribe, dispense, and/or administer any drugs, medications, antibiotics and local anesthetics that she or her associates deem, in their professional judgement, necessary or appropriate in my child's dental care.

I am informed and fully understand there are inherent risks involved in the administration of any drug, medication, antibiotic, or local anesthetic. I am informed and fully understand that there are inherent risks involved in any dental treatment and extractions (tooth removal). The most common risks can include, but are not limited to:

Bleeding, swelling, bruising, discomfort, stiff jaws, infection, aspiration, paresthesia, nerve disturbance or damage either temporary or permanent, adverse drug response, allergic reaction, cardiac arrest.

I realize that it is mandatory that I follow any instructions given by the dentist and/or her associates and take any medication as directed.

Alternative treatment options, including no treatment, have been discussed and understood. No guarantees have been made as to the results of treatment. A full explanation from the dentist, of all complications is available to me upon request.

Procedure(s): Full Mouth Rehab, including but not limited to extractions, fillings, dental cleanings, radio-graphs, nitrous oxide sedation, silver crowns, composite crowns, space maintainers and fluoride.

I am aware that payment is expected at time of service, and that I am not entitled to any refund after treatment is rendered.

Patient Name

Legal Guardian/ Parent Signature

Date