

Kids First Dental Hygiene Consent Form

This is to inform you that your child is being seen with the dental hygienist/dental assistant. This may be done under general supervision without the dentist being present in the facility while authorized services are being provided. Your child must schedule for a routine dental examination with the doctor at least once every 10 months. Hygiene treatment may include scaling, root planning using hand instruments, rotary instruments and ultrasonic devices without anesthesia, sealants, x-rays and oral hygiene instruction. Polishing of natural and restored teeth using air polishers. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for further evaluation and diagnosis by the dentist. A written report of the findings will be placed in the chart.

I hereby give my consent for the hygienist/assistant to perform any of these procedures mentioned above without the doctor being present. I understand my child may need to return to see the doctor for restorative needs or any other treatment needs that was seen on this visit.

Patient Name

Legal Guardian/ Parent Signature

Date