



100 EAST LEHIGH AVENUE, CENTENNIAL TWO
PHILADELPHIA, PA 19125
215-707-0575 TELEPHONE
215-707-0848 FACSIMILE
www.specialsmilesLtd.com

CONSENT FOR COMPREHENSIVE DENTAL TREATMENT

CHILD/CLIENT NAME: _____ SURGERY DATE ____/____/____

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand this consent, and that all questions about the proposed dental treatment have been answered in a satisfactory manner. I further understand that I have the right to be provided with answers to questions, which may arise during the course of my child /client's treatment.

I authorize the dentist(s) of Special Smiles, Ltd to provide comprehensive oral rehabilitation for the above referenced child/client. I understand that the dental treatment may include, but is not limited to the following treatments: comprehensive examination, full mouth x-ray series, cleaning and fluoride treatment, periodontal scaling and root planing, minor periodontal surgery, soft tissue excision and biopsy of lesions, amalgam and composite restorations, limited root canal treatment and extractions. I understand that in the event the child/client needs multiple extractions, we will review the treatment plan and consent with the person accompanying the patient prior to continuing care. If the original consent form is restricted for any reason, a parent or legal representative must be available on the day of the appointment.

I understand that Special Smiles, Ltd is a licensed tenant of Temple University Hospital – Episcopal Division and that no services are being provided by Temple University Hospital – Episcopal Division.

I certify that I am the legal guardian of the above referenced child/client or have otherwise been empowered to give consent on behalf of the child/client for general anesthesia. This consent shall remain in force for 60 days after date signed or unless otherwise terminated by me.

Name of Parent, Guardian (Please print full name)

Date ____/____/____

Signature of Parent, Guardian

Witness

Relationship to Child/client

Name of Witness (Please print full name)

(Phone Number of legal guardian in Case of Emergency)