

Consent for Treatment of Minor Children

One of our greatest joys in dentistry is getting to know your children. We love watching them grow appointment by appointment, as they become more comfortable in our office and more knowledgeable about the health and care of their teeth.

Our goal is to provide a safe and fun environment for them as we meet their dental needs. In order to do this, we must have your full cooperation. We ask that you stay in the waiting room and not accompany your child to the treatment area unless your child has special physical or mental needs. We will invite you back at the end of the appointment as needed.

We will discuss all treatment and plans to manage your child prior to each appointment. Please do not hesitate to discuss any concerns you may have regarding the appropriate and indicated care of your child with Dr. Tickle or Dr. Wright.

If you don't feel comfortable with our protocol for the dental treatment of your child, please know that we will be happy to refer you to a pediatric dentist in the area. We have carefully considered the means by which we can safely and comfortably render the highest quality care to your children. We love them and they are our favorite patients!

I have carefully read the above protocol and consent to the treatment of my child/children's teeth by Dr. Mark Tickle and Dr. Jennifer Wright. I fully understand that the doctors and staff will provide a safe environment to my child. I have read and discussed any concerns regarding treatment and I am fully satisfied with the above protocol.

Signed: _____

Date: _____