

Parent or Legal Guardian Consent for Treatment

I _____ authorize the dental hygiene faculty and students at the University of
parent/guardian's name
Southern Indiana Dental Clinic to provide dental services for the following individual: _____.
patient's name

Please initial next to each treatment option you are comfortable with while the patient is in our care. These treatments may not be provided if the attending dentist does not deem the treatment necessary.

- _____ **dental x-rays:** digital images to identify growth patterns and oral disease
- _____ **dental examination:** a dentist's review of the condition of the structures in the head and oral cavity to identify areas of concern
- _____ **debriding the teeth:** removal of hard and soft deposits on the teeth (cleaning the teeth)
- _____ **dental laser:** light therapy to kill microorganisms in the gums or stimulate healing of herpetic lesions
- _____ **sealants:** a thin, plastic coating that adheres to the chewing surfaces of the back teeth in an attempt to prevent cavities from forming
- _____ **sodium fluoride varnish:** a liquid applied directly to the teeth that releases fluoride into the enamel to reduce the risk of decay
- * _____ **silver diamine fluoride:** an antimicrobial liquid that hardens cavities to stop or slow the progression of decay
**Please sign the silver diamine fluoride informed consent in addition to initials on this form.*

Please list any **allergies** including, but not limited to, nuts, dyes, milk, etc. _____

parent/guardian's signature

date

relationship to patient

The parent/guardian fills out this section if the patient is brought to the USI Dental Clinic by someone other than the parent or guardian or if no one accompanies the patient.

Initial by one of the following:

- _____ I allow the patient's treatment report to be sent home with the individual who brought the patient to the appointment.
- _____ I do not allow the patient's treatment report to be sent home with the patient. I would like it mailed to the patient's home address.