



Parental Consent for Dental Appointment

I, _____ understand that by signing this document I give
(Parent/ Guardian Name)

consent for _____ who is accompanying my child/children
(Accompanying Adult Name)

_____ to their dental appointment at Brush Pediatric
(Child/ Children Name(s))

Dentistry. I understand that by signing this document that I agree to an examination, cleaning, fluoride treatment, and radiographic images. Lastly, by consenting to this document, I understand that I am the responsible party for any payment that is due for this appointment.

Please select one:

- I will call Brush Pediatric Dentistry at (630)504-2223 to provide payment in advance of the appointment.
- The adult accompanying my child will provide payment at the time of service

Please provide a phone number that you will be reachable during the appointment time for your child/children _____
(Phone Number)

Please leave any questions or concerns that you might have for this appointment:

Parent/ Legal Guardian Signature:

Date:
