East Indy Dental
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Indianapolis, IN 46219

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General Consent

Patient's Name:____Date:_______________________________

I give consent for myself/my child to receive dental treatment deemed necessary by the providers at the Clarity Dentistry. These procedures include, but are not limited to; examinations, oral prophylaxes (cleanings), fluoride treatments, sealants, restorations (amalgam or composite fillings and crowns), periodontal (gum) treatments, endodontic (root canal) treatments, extractions, and the use of local anesthetics. I understand that the use of local anesthetics carries a small risk for swelling, bruising, allergic reaction, changes in pain perception, or prolonged anesthesia. This consent shall be considered in effect until rescinded or revoked.

Print your name_________________________ Signature_______________________________ Date________

This section needs to be completed for children under the age of 18 by a parent or legal guardian ONLY.

I affirm that I am the parent or legal guardian for the above-named minor child. If I am unable to accompany my child, I give permission for the individuals named below to escort my child for dental treatments:

Name:____ Relationship:___________________________

Name:____ Relationship:___________________________

Name:____ Relationship:___________________________

Name:____ Relationship:___________________________

If child is over 13, please check one:

☐ Since my child is over the age of 13, I also give permission for him/her to present for treatment unaccompanied by an adult. I understand that no invasive treatment, such as extractions or the initiation of root canal therapies, will be performed unless I am notified by telephone. In the event of an emergency, when I cannot be reached, I give permission to perform whatever therapies are deemed necessary by the treating provider.

☐ Although my child is over 13, I wish to be present for all treatments performed.

(signature of parent or legal guardian)

This consent shall be considered in effect until rescinded or revoked.