



Southfield Kids Dentist, PLLC

17550 W. 11 Mile Rd. SUITE B

Lathrup Village, MI 48076

Office: (248) 565 - 3332

Fax: (248) 552 - 0992

CONSENT FOR TREATMENT

Because your child is a minor, signed permission is required from a parent, or legal guardian before any dental treatment can be rendered. I authorize Doctors at Southfield Kids Dentist to perform a dental exam, including x-rays such as bitewings/periapical/panoramic/cephalometric/create models for teeth and photographs on my child. The Doctors are given permission to use local anesthetic and nitrous oxide analgesia as indicated by them. I understand that Doctors and the staff use behavior guidance techniques such as praise, voice control with variable voice tone to aid in cooperation of my child during treatment. I understand that, at any time, I have questions I may speak to the Doctor treating my child. I can ask questions until I have received satisfactory answers to my questions.

I have read and agreed to the Consent for Treatment.

Signature: _____

Date: _____

PRIVACY PRACTICES

Federal and state laws require the privacy of all health information. I acknowledge that I have received the Notice of Privacy Practices for my child.

Signature of Parent/Guardian: _____

Date: _____

Witness: _____

Date: _____

OFFICE POLICY/PAYMENT INFORMATION

The adult who brings the child to the office is financially responsible. Your appointment time will be reserved especially for your child. If you are unable to keep your appointment, we require 24 hours notice; otherwise, it may be necessary to charge you at least twenty-five dollars per every thirty minutes for lost time.

Co-payments and behavior management fees must be paid in full before any treatment is provided. Payment is due at the time of service; we accept cash/debit and credit cards including Visa, MasterCard, Discover, and American Express. Balances over 90 days past due will be turned over to a collection agency. In this event, you will be responsible for all collection and legal fees.

I have read all of the information and completed this form. I certify that by signing this I am the minor's legal parent/guardian.

Signature: _____

Date: _____