



Valerie Reese, DMD

CONSENT FOR TREATMENT:

I authorize Dr. Valerie Reese, assisted by qualified dental auxiliaries of her choice, to provide dental treatment for my child or legal ward. I understand the actual treatment rendered will be explained to me and will vary based on my child's oral health care needs.

In general, the dental procedures performed by Dr. Reese include:

- A. Obtaining dental x-rays for diagnostic purposes
- B. Professional teeth cleaning and topical fluoride application
- C. Treatment of diseased or injured teeth with dental restorations (pulpotomies, pulpectomies, fillings or crowns)
- D. Removal (extraction) of diseased or loose teeth
- E. Use of local anesthesia (lidocaine), nitrous oxide and/or sedation for pain and anxiety relief

I grant Dr. Reese to perform any of the listed procedures on my child (legal ward) at her professional discretion. I understand I will be informed of treatment before it occurs, and I may ask any questions I would like. I also understand that Dr. Valerie Reese does not use silver fillings (amalgam), which contain mercury, unless specifically requested by the parent, or unless the procedure absolutely requires it.

I also grant Dr. Reese or any trained members of her staff to take initial x-rays, retakes, and any post-op x-rays if necessary. Retakes and post-op x-rays for diagnostic purposes are at no charge to me or my insurance company. I understand the digital x-rays used at R & R Dental are the lowest doses available in dentistry.

- Yes
- No

Parent's (Guardian's) Printed Name _____

Child's Name _____ DOB _____

Parent's (Guardian's) Signature _____ Date _____

Witness Signature _____ Date _____

Doctor's Signature _____ Date _____