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 American Board of Pediatric Dentistry
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CONSENT FOR DENTAL TREATMENT

Patient's Name: _____

Date of Birth: _____

I authorize Dr. Cytryn to treat my child for general dental care including dental caries and infections. Care will include dental hygiene, x-rays, maintenance of space between teeth and when appropriate, extractions.

Dr. Cytryn has discussed with me the following information:

A. The benefits of general dental care are clean teeth, good dental health and the eradication of decay and infection when they are found.

B. The risks and/or complications of routine dental care are sore gums, possible gingival soreness due to the use of rubber dams, and soreness at the site where a local anesthetic is injected.

C. If routine dental care is not received the following conditions may occur: progression of decay, pain and swelling, infections of the teeth or gums and surrounding bony areas. It has been explained to me that infections and the premature loss of "baby" teeth may affect the development of adult teeth, and/or cause tooth movement which can negatively effect the eruption of adult teeth.

It has been explained to me that other risks not usually encountered or expected may occur since dentistry is not an exact science and some patients react differently than others. I acknowledge that no guarantees have been made to me about the results of the proposed treatment and that maintaining good dental health requires active patient participation in oral hygiene.

I authorize the administration of local anesthetics, hypnotics and/or analgesics to aid and assist in completing the treatment by Dr. Cytryn.

I have had the opportunity to discuss my child's dental condition and the proposed treatment plans with Dr. Cytryn. All of my questions have been answered to my satisfaction. I impose no specific limitations or prohibitions regarding treatment.

I have the legal authority to sign this consent on behalf of _____ and my relationship to the patient is that of _____.

 Parent - Print Name

 Parent Signature

 Date

 Dentist Signature

 Date