

**PARENTAL/GUARDIAN CONSENT FORM**

**SLimDental & SLimDental Kids**

**MINOR/CHILD CONSENT**

I, being the parent or guardian of \_\_\_\_\_, do hereby request and authorize the dental staff to perform necessary dental services for my child, including x-rays, nitrous oxide (laughing gas), and administration of anesthesia and any services deemed advisable by the doctor, even if I am not present in the operatory during the dental treatment.

**DENTAL TREATMENT**

I understand that during the treatment, it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. I give my permission to the dentist to make any/all changes and additions as necessary. I consent to the use of photography for the purposes of future education and display of specific dental procedures performed by SLimDental & SLimDental Kids.

**FINANCIAL AGREEMENT**

I acknowledge that payment is due at the time of treatment. I agree that I am responsible for all fees and services rendered. I accept full responsibility for all charges. I understand SLimDental & SLimDental Kids does not bill third parties, including medical/accident insurance or non custodial parent(s). I understand SLimDental & SLimDental Kids will file my primary insurance.

I, \_\_\_\_\_, have had full opportunity to read and consider the contents of this Consent form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_