

I authorize Dr. Davies and whomever she may designate to treat any dental conditions they may have while a patient with Oconomowoc Pediatric Dentistry.

I understand that my child’s dental conditions and any treatment options will be discussed with Dr. Davies. I understand that I will be given a printed copy of the procedure or treatment details and any post-operative instructions when needed. I understand that a treatment plan is based on the best evidence available during the examination. I understand that during the treatment it may become necessary to change or add procedures because of conditions found while working on the teeth. The dentist will explain all necessary changes.

I understand that the following are potential risks and consequences of receiving dental treatment:

- Post operative sensitivity to teeth or gums (bleeding) sometimes lasting for several hours
- Pulpitis resulting in need for root canal treatment or extraction now or in future
- Existing decay extending into the nerve, requiring root canal treatment or extraction
- Recurrent decay of restoration or gingival infections from bacterial accumulation at margins of restoration and tooth.
- Fracture of the restoration requiring replacement
- Long-term numbness (parenthesis)
- Muscle or joint tenderness
- Swallowing or inhaling small objects

I understand that I will be advised of the risks of non-treatment and that I have a right to waive treatment.

I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees can be made concerning the results of treatment.

<b>Patient Name</b>	<b>Date of birth</b>
<b>Patient Name</b>	<b>Date of birth</b>
<b>Patient Name</b>	<b>Date of birth</b>
<b>Patient Name</b>	<b>Date of birth</b>
<b>Patient Name</b>	<b>Date of birth</b>
<b>Patient Name</b>	<b>Date of birth</b>
<b>Patient Name</b>	<b>Date of birth</b>
<b>Print Parent/Legal Guardian Name</b>	<b>Relation to patient</b>
<b>Signature of Parent/Legal Guardian</b>	<b>Date</b>

\*Typed name above constitutes my digital signature