The listed behavior management techniques have been explained to me by a doctor at CHC. Alternate techniques for treatment, if any, have also been explained to me, as have the advantages and disadvantages of each.

I hereby authorize and direct a doctor at CHC, assisted by other doctors and/or dental auxiliaries of his/her choice to utilize the behavior management techniques listed on the reverse side of this form to assist in the provisions of the necessary dental treatment as indicated for examination, cleaning of the teeth, taking X-rays, and for treatment as indicated on the child’s examination chart, as previously explained to me by a doctor at CHC for ________________________ my child (or legal ward) for whom I am empowered to consent with exception of:

I hereby acknowledge that I have read and understand this consent form, that I have been given an opportunity to ask questions, and that all questions about the behavior management techniques described have been answered in a satisfactory manner. I further understand that I have the right to be provided with answers to questions which, may arise during the course of my child’s treatment.

I further understand that I am free to withdraw my consent to treatment at any time and that this consent shall remain in effect until I choose to terminate it.

Date________________ Signature of Parent or Guardian______________________________

Relationship to Patient___________________________

Dentist Signature______________________________

I certify that I explained the above procedures and techniques to the parent or legal guardian before requesting their signatures.

Date Parent or Guardian Signature Dentist Signature

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(PLEASE READ REVERSE SIDE PRIOR TO SIGNING)

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