

Consent for Treatment

Parents: Prevailing medical/dental practice law required that we ask you to read the following and sign at the bottom. We apologize, in advance, for the impersonal nature of this form.

1. I, _____ (Circle one: patient / parent / legal guardian) have legal authority to give consent for medical/dental treatment for him/her.
2. I give consent to _____ and other personnel as he/she may designate to provide treatment for my child/guardian named below.
3. I give consent to the use of local anesthetics, nitrous oxide (laughing gas), and other medicines or materials. I give consent to other procedures, including, but not limited to emergency medical procedures, which may be deemed necessary or advisable.
4. The following have been explained to me to my satisfaction: the procedures, benefits, disadvantages, alternatives, side effects, complications, including possible injuries and/or bruising, as well as the prognosis if no treatment is provided.
5. I do not give my consent for the following: _____.
6. I understand that, although good results are expected, the possibility and nature of complications cannot always be accurately anticipated in advance and that therefore, there is no guarantee expressed or implied as to the result of the treatment or as to cure.
7. I have read and I understand this consent form.
8. I have these questions: _____
_____.
9. YES NO Has your child had eye surgery within the last 8 weeks?
10. YES NO Does your child have or does anyone in your family have a condition called methlenetetrahydrofolate reductase deficiency (MTHFR) or hyperhomocysteinemia?

Signature of Patient/Parent/Guardian _____ Date _____

Patient's Name _____ Pt # _____ Asst _____