



# Little Smiles

## DENTAL CENTRE



### Consent for Dental Treatment

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please read this form carefully. Please do not hesitate to ask us about anything that is unclear to you.

I HEREBY AUTHORIZE DR. JONG HYUN BAN/JENNIFER PARK/ZINA ALKAFAJI TO PERFORM ANY AND ALL TREATMENT FOR THE ABOVE NAMED CHILD AND CONSENT TO SUCH METHODS, DRUGS AND AGENTS AS MAY BE INDICATED IN CONNECTION WITH HIS/HER DENTAL CARE. IN GENERAL TERMS THIS MAY INCLUDE, BUT NOT LIMITED TO:

Examination and X-rays, Cleaning and Fluoride treatment.

Administration of local anesthetic, Fissure sealants, Dental restorations, Space maintainers, Tooth movement, Removal of teeth, Treatment of injured oral tissue.

Various methods of behaviour management in the case of an apprehensive or uncooperative child:

1. Tell-Show-Do method: detailed verbal and visual explanation
2. Voice control management: Firm verbal instructions
3. Administration of sedative medication or general anesthesia, if indicated, would be discussed in detail prior to use.

This consent shall remain in effect until canceled.

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

Print name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

## **Financial Policy and Dental Insurance**

Our goal is to provide you with the best possible care. Having a good professional doctor-patient relationship is based on mutual respect and understanding. A dental fee includes the doctor's special training, skill, care and judgment, uses of trained auxiliary personnel, material and equipment. In order to achieve our goals we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered, unless payment arrangements have been approved in advance by our staff. Returned checks will be charged \$25.00 fee upon notification to us by the bank. Balances older than 90 days may be subject to additional fees and/or interest charges of 18% per month. All charges are your responsibility from the date the services are rendered.

There will be a non-refundable deposit of \$100 for sedation and \$200 for general anesthesia when the appointment is booked.

## **Cancellation Policy**

**48hrs cancelation notice is required for routine dental appointments to avoid a cancellation charge of \$100.** This allows the appointment to be offered to others. Appointments for sedation/general anesthesia will require **1 week notice**. In the event of late cancellations we will try to rebook the clinical time and the need to make where possible.

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