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INFORMED CONSENT

Permission for Dental Examination and/or treatment of a Minor

I am the parent or guardian of _____,
(Patient Name)

who is a minor child and I do hereby consent to dental procedures which may be performed during treatment by or under the direct/ indirect supervision of the Dentist, his associates, staff, members or agents as he deems necessary. Dental procedures may include but are not limited to emergency treatment/ services, radiographic examination, administration of local anesthesia/ sedative, oral surgical treatment/ procedures, impression making or photographs. I further authorize and consent that the dentist choose and employ assistance as deemed fit.

This authorization will remain in effect until cancelled in writing by me.

PLEASE INITIAL:

_____ Mouth Prop (assists child in holding their mouth open)

_____ Nitrous Oxide/ Oxygen (commonly called "laughing gas", a mild sedative that is inhaled and reduces anxiety.)

Date: _____

Parent or Guardian: _____

Witness: _____