

## CONSENT FOR TREATMENT

Consent for treatment for \_\_\_\_\_  
(child's name)

I (we) request and consent to the performance of comprehensive dental treatment by Dr. Anthony L. Minutillo and his staff. I further authorize any necessary radiographs (x-rays) and photographs needed for the diagnosis and treatment of my child's dental condition.

Comprehensive dental treatment and procedures include examination, teeth cleaning, fluoride application, restorations (fillings), crowns, endodontic treatment (tooth nerve treatment), extractions, and space maintainers.

I acknowledge that dental treatment for children includes efforts to guide their behavior by helping them understand the treatment in terms appropriate for their age and providing an environment likely to help children learn to cooperate during treatment.

---

signature of parent or guardian

---

date