

# CULPEPER FAMILY DENTAL, PC

1701 Sunset Lane

Culpeper, VA 22701

PHONE (540) 825-1366....FAX (540) 825-9005

## Parental/Legal Guardian Consent for Dental Treatment

(Please fill out one form per child)

**PLEASE NOTE** that if there are any medical changes, the parent of legal guardian **MUST** speak directly with the dental health provider. If no changes, please check the box next to the child's name and initial.

NO Medical Changes  
\_\_\_\_\_ Please initial

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Legal Guardian Contact (please print)

\_\_\_\_\_  
Parent's Contact Number

THIS FORM APPLIES TO ALL FUTURE SERVICES THROUGH AGE 17 : \_\_\_\_\_  
(Date)

PLEASE INITIAL ALL THAT APPLY BELOW (we will make every effort to follow insurance guidelines)...

Fillings \_\_\_\_\_

Prophylaxis (Cleaning) \_\_\_\_\_  
(this may include General Supervision w/hygienist)

Fluoride Treatment \_\_\_\_\_

X-rays \_\_\_\_\_

Sealants \_\_\_\_\_

Other \_\_\_\_\_

**THIS CONSENT SERVES AS PERMISSION FOR TREATMENT BY CULPEPER FAMILY DENTAL FOR THE ABOVE NAMED CHILD DURING MY ABSENCE. I AGREE TO PAY FOR ALL SERVICES PROVIDED TO MY CHILD.**

\_\_\_\_\_  
Parent/Legal Guardian Signature (circle one)      Date: \_\_\_\_\_

**Please return with child at time of appointment.**