

 *New Bern Family
Dentistry*

**Informed Consent
Treatment of Minor**

Please carefully read, ask any questions and sign below.

Minor Child Information

Print Full Name: _____ Child Date of Birth: _____

Allergies: (circle) Aspirin Penicillin Codeine Acrylic Latex

Local Anesthetics Sulfa Drugs Other: _____

Current Medications: _____

Chronic Conditions: _____

Parent, Legal Guardian or Power of Attorney Information

Print Full Name: _____

Relationship to Minor Child: _____

Contact#: _____

Additional Contact: _____

I have the legal right to authorize Dr. Debra Gong Choe, DDS, PLLC and New Bern Family Dentistry personnel to examine and perform dental treatment for the above named minor child. I request and authorize New Bern Family Dentistry and its personnel to perform dental care as may be deemed necessary or advisable in the diagnosis and treatment of the minor child listed above. I understand that medical/dental advice will be relayed to the minor child on my behalf.

Limitations

Identify any specific limitations to the kinds of dental services/treatment for which this authorization is given below. If none, please state "NONE":

I consent to my child having dental x-rays when due and a fluoride treatment (which may or may not be covered by some insurances). **Circle one: yes no**

I understand and agree that the signatures and dates on this form will not expire without written notice or when the minor child becomes the age of 18 and that a photocopy/scanned copy of this form is considered valid as the original.

By signing this informed consent, I am stating that I have read the information provided in this informed consent (or it has been read to me), and all of my questions have been answered to my satisfaction.

Parent, Legal Guardian or Power of Attorney Signature

Date

Staff Member Signature

Dr. Debra Gong Choe, DDS, PLLC
New Bern Family Dentistry, 2717 Hwy 17 East, New Bern, NC 28560
Phone# 252-633-2207 Fax# 252-636-2618 Email: dentalinfo@lancefamilydentistry.com