



Consent for Dental Treatment

Since _____ is a minor, permission from a parent or legal guardian is required before dental services can be provided. I hereby authorize Dr. Blain Reynolds and his associates to perform dental examinations, preventive care, and necessary dental treatment for my child.

I understand that if there is any procedure I do not wish to be performed, I must notify the office prior to my child's visit. To provide the best care, a routine cleaning visit may include an examination, cleaning, fluoride treatment, and bitewing X-rays, when appropriate.

No treatment beyond routine care will be performed without my prior knowledge and consent.

Consent for Nitrous Oxide/Oxygen

Nitrous oxide/oxygen (laughing gas) is commonly used in dentistry to help reduce anxiety during certain dental procedures. The effects wear off quickly, usually within five minutes after discontinuation. Complications are rare, with the most common being nausea or vomiting. I, _____, as the parent/legal guardian of _____, give my consent for the use of nitrous oxide/oxygen if Dr. Blain Reynolds or his associates determine it is appropriate to help provide dental treatment. This includes any related procedures necessary to complete the planned treatment, as explained to me.

I acknowledge that I have read and understand this consent form, have had the opportunity to ask questions, and that all my questions have been answered to my satisfaction.

Parent/Guardian Name: _____

Signature: _____

Date: _____