



Informed Consent

Thank you for choosing us as your dental care provider. We will make every effort to ensure that your child has a pleasant dental experience. On his/her initial visit, he/she will see one of our dental hygienists to have his/her teeth cleaned. Usually by age 1, we will begin fluoride treatments. We usually begin dental radiography (X-Rays) between the ages of 3 and 4. Bitewings or cavity disclosing X-Rays are recommended at least once per year to check for cavities between the back teeth. If a patient has a high incidence of dental decay, we may repeat the X-Rays at his/her 6-month re-care visit. Once a child reaches the age of 5, we generally take a panoramic X-Ray of the entire mouth to check the position of permanent teeth and check for missing teeth or other pathology. These radiographs are very important if orthodontics may be needed in the future. This X-Ray is usually repeated at 3 year intervals. Following the visit with the hygienist, Dr. Bush will go over all findings with you, address any concerns you may have, and make recommendations for future treatment.

We again thank you for the privilege of having you as a patient!

- Dr. Samuel W. Bush, D.M.D. and Staff

By my signature I acknowledge that the above procedures have been explained to me. I understand the risks and benefits of these procedures and give my consent for Dr. Samuel W. Bush, D.M.D. and staff to complete the above procedures on your child as necessary.

The following non-guardian individual(s) has permission to accompany my child(ren) to appointments. The person(s) listed may make decisions about treatment at any future visit.

Name(s) of person(s) allowed to make decisions about my child's treatment:

Any procedure that you do NOT wish to be done on your child, plead initial below:

Cleaning X-Rays Fluoride

May we leave messages on your voicemail regarding your child's dental care, account status, and/or appointments?

Yes No

May we send you text messages regarding your child's dental care, account status, and/or appointments?

Yes No

May we send you email messages regarding your child's dental care, account status, and/or appointments?

Yes No

Preferred method of contact: Voicemail Email Text Message

Primary Cell Phone # (____) _____ - _____ Primary Email _____

Parent/Guardian Signature _____ Date ____/____/____

Staff Signature _____ Date ____/____/____