

Chase M. BAKER, DDS

Informed Consent to Treat Children

Patient (Child) Name _____ Date _____

I _____ authorize Chase M. Baker, D.D.S. to treat my child when accompanied by any of the following people: _____

Further, I authorize Chase M. Baker, D.D.S. to accept authorization for any changes in treatment on my child from the above named people. I acknowledge that the above named people are 18 years or older. I understand that I cannot drop off my child for treatment without being accompanied into the office by one of the above named people.

PLEASE INITIAL EACH OF THE FOLLOWING:

X_____ I have had an opportunity to discuss with the Doctor my child's past medical and health history including any serious problems and injuries.

X_____ I agree to cooperate completely with the recommendations of the Doctor while my child is under his care, realizing that any lack of the same could result in a less than optimum result.

X_____ Due to individual patient differences there exists a risk of failure, relapse, need for selective re-treatment, or worsening of my child's present condition despite the care provided. However, it is the Doctor's opinion that therapy would be helpful, and that a worsening of my child's condition would occur sooner without the recommended treatment.

I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ FULLY AND UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE PROCEDURE AND THE EXPLANATION REFERRED TO OR MADE. ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED. I ALSO STATE THAT I READ AND WRITE ENGLISH.

- I GIVE CONSENT FOR THE AUTHORIZATION AS DESCRIBED ABOVE. THIS AUTHORIZATION WILL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING BELOW.
- I REFUSE TO GIVE MY CONSENT FOR THE PROPOSED TREATMENT AS DESCRIBED ABOVE. I HAVE BEEN EXPLAINED AND UNDERSTAND THE POTENTIAL CONSEQUENCES OF MY CHOICE.

X_____ X_____
PATIENT, PARENT, GUARDIAN DOCTOR

X_____ X_____
WITNESS DATE

I REVOKE THE PREVIOUSLY GIVEN AUTHORIZATION OF _____

ON THIS DATE _____ X_____