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INFORMED CONSENT FOR PATIENTS

X-Rays and Examination

I understand that my child will be receiving a dental examination from a state licensed and board-certified pediatric dentist. I understand that x-rays maybe taken of my child's teeth as part of the necessary requirements to complete a thorough and comprehensive examination.

Initial _____

Medical Photography Consent

I consent to digital photographs and x-ray images of my child to be used exclusively within their medical record for the purposes of identification and dental treatment.

Initial _____

Dental Cleaning and Fluoride Treatment

I authorize the board-certified and state licensed clinical staff at Newburyport Pediatric Dentistry to clean my child's teeth today. I understand that the application of fluoride is part of the standard of care for children and helps prevent cavities.

Initial _____

Medications

I understand that antibiotics, analgesics and topical compounds can cause allergic reactions even with no prior known history. Allergic reactions can cause redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock. I have informed the dentist, to the best of my knowledge, of any adverse reactions my child has had.

Initial _____

I am aware that my dental insurance company may or may not cover two fluoride treatments and/or oral exams per year and if this service is not paid by my insurance company, I will be financially responsible.

Initial _____

I understand that all of the above treatments are the standard of care in pediatric dentistry. It is my responsibility to inform the staff during the registration process if I choose to decline any of the above treatments. I attest the information I have provided is correct to the best of my knowledge. I understand that providing incorrect information can be dangerous to my child's health. It is my responsibility to inform the dental office of any changes in my child's medical status

Child's Full Name

Parent/Legal Guardian's Name (Print)

Relationship to Child

Signature

Date