Patient Name: ___________________________

Date of Birth: ___________________________

Practice location: ________________________

The Smile Center

CONSENT FOR TREATMENT
SPECIAL HEALTH CARE NEEDS

To facilitate dental care and treatment of , ___________________________, (diagnosed with Special Health Care Needs), by The Smile Center, the undersigned parent or legal guardian of the Patient hereby agrees as follows:

1. **Direct Authorization for Treatment by The Smile Center**. A dental examination has been completed at The Smile Center and a treatment plan has been given to me for the above named patient. All risks/benefits and alternatives to treatment have been explained to me. I have been given an opportunity to ask all questions and they have been adequately answered. I verify that I have legal authority to grant consent for the treatment of the above named patient. I authorize The Smile Center to provide the Patient with the following treatment: .

Tooth cleaning	Extraction of “baby” teeth
Sealants	Extraction of permanent teeth
Fillings	Root Canal Treatment
Fluoride	Other __________________________

(This allows a patient to come to an appointment(s) unaccompanied by parent/guardian/parent substitute.)

2. **Identification of Parent/Guardian Substitute**. I appoint the following Parent/Guardian Substitute(s) to obtain access to Protected Health Information or give informed consent for care and treatment.

Name	**Relationship to Patient**	**Phone Number**
____________________________	__________________________	________________

4. **Duration.** This authorization is valid for the specific treatment plan explained and agreed to on ______________________ (date). This authorization will be voided if significant changes occur in the treatment plan, if patient fails appointments or if oral conditions have changed and another dental examination is required within a 6 month period of time.

I have carefully read and considered this consent form before signing it.
SIGNATURE OF PARENT OR LEGAL GUARDIAN:

____ ___________________________
Signature Date

Legal Authority: Parent Legal Guardian

CONTACT INFORMATION CONCERNING PARENT OR LEGAL GUARDIAN:

____________________________________	___________________________________	_________________________
Name	Relationship	Contact Phone Number