



Date: _____

Child Name: _____

Allergies: _____

Medical Alerts: _____

Does child need to be pre-medicated for treatment? Yes/No

I give Apex Dental Group and staff permission to treat my child _____ during my absence. The following is treatment planned for today's appointment:

Exam
Prophylaxis Bitewings PA x-ray Fluoride treatment Sealants
Fillings Anesthesia Panorex

In the event of a medical emergency, I can be reached at _____ or _____ permission to perform medical emergency/dental services.

Parent or Legal Guardian's signature: _____