

Little Smiles Dental/Jenny Tu, DDS PLLC

General Consent

I hereby give my consent to Jenny Tu, DDS and staff to treat my child which may include the following dental procedures.

Complete dental examination (check-up), prophylaxis (cleaning), fluoride treatment, radiographs (xrays), study models, photographs, and other diagnostic aids deemed necessary by Dr. Tu and associates to make a thorough diagnosis of my child's dental needs. I authorize Dr. Tu and associates to provide any information to the other doctors (physicians, dentists, etc) for the purpose of consultation. I understand that prior to providing any treatment I will be advised about such treatment by Dr. Tu or staff member, that I may ask questions concerning the treatment, and that I may revoke this consent before treatment is provided. I understand that I may ask for a full recital of any or all risks attendant to the care of my child/the patient.

Parents/Guardians: For future appointments, if you are planning to send your child with someone else other than a parent/legal guardian, please provide the following information:

Name of authorized person(s) to accompany my child for future treatment visits:

1. _____ Relationship to child _____
2. _____ Relationship to child _____
3. _____ Relationship to child _____
4. _____ Relationship to child _____