Brooker Memorial
Preparing Children for Life-long Success

CHILDREN'S DENTAL CENTER PERMISSION/FINANCIAL AGREEMENT

I give permission for the dentist to perform an oral exam of my child's mouth. I will be asked about my child's medical history and present health. The dentist/dental hygienist will recommend any necessary x-rays. I understand that no dental treatment will be done until a treatment plan, including all procedures to be performed and the related costs are explained to me and I have given verbal consent for treatment to be performed. I understand that I must pay any out of pocket expenses at the time of treatment unless other arrangements have been made. I also understand that I am responsible for child attending all appointments and will respect providers' time by giving at least 48 hour notice to change reserved time.

_____	_____
PARENT/GUARDIAN	DATE
_____	_____
RELATIONSHIP TO PATIENT	DATE
_____	_____
WITNESS	DATE