

# Ronald W. Spencer, DDS, PC

207 Southdown Drive Maryville, TN 37801

Phone 865-983-5451 Fax 865-681-6113

[www.spencerdentaltn.com](http://www.spencerdentaltn.com) email: [spencerdental@charter.net](mailto:spencerdental@charter.net)

## Consent for Dental Treatment

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Every effort is made to adhere to the proposed dental treatment plan, however unforeseen circumstances or conditions may require a departure from the proposed plan. If a parent or guardian is unable to remain in the dental office while the above mentioned patient is receiving treatment consent is given for the following:

c Routine x-rays taken within the recommended ADA guidelines.

c Diagnostic x-rays if a problem is diagnosed or suspected by a licensed dental professional.

c Fluoride (with no more than \$26 charge if not covered by insurance).

This consent will remain in effect for the duration of the above mentioned minor patient is undergoing treatment at this office as a patient of record. Termination of this consent is only granted in the event the minor becomes 18 years of age or the parent or guardian revokes the consent in writing to Ronald W. Spencer, DDS.

Parent/Guardian Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_