



## Parental Consent for Dental Appointment

I, \_\_\_\_\_ understand that by signing this document I give consent for  
(Parent/Guardian Name)

\_\_\_\_\_ who is accompanying my child/children \_\_\_\_\_  
(Accompanying Adult Name) (Child/ Children Name(s))

to their dental appointment at Wilderness Station Pediatric Dentistry. I understand that by signing this document that I agree to an examination, cleaning, fluoride treatment, and radiographic images. Lastly, by consenting to this document, I understand that I am the responsible party for any payment that is due for this appointment.

### Please select one:

- I will call Wilderness Station Pediatric Dentistry at (402)420-8020 to provide all updated information and provide payment if necessary
- The adult accompanying my child will provide updated information and payment

Please provide a phone number we will be able to reach you at during the appointment time for your child/children \_\_\_\_\_  
(Phone Number)

Please leave any questions or concerns that you might have for this appointment and any updated health history information we need to be aware of:

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\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date