

Dental Treatment Consent Form

Date: _____

Patient Name: _____

Patient Address: _____

Patient Phone: _____

Consent for Preventive Dental Care

I, the undersigned, hereby give my consent for preventive dental care, which may include but is not limited to:

- Regular dental cleanings
- Fluoride treatments
- Dental sealants
- Oral screenings and examinations

I understand that the purpose of these treatments is to maintain oral health and prevent dental diseases. I have had the opportunity to ask questions about the procedures and consent to proceed.

Patient/Guardian Signature: _____

Date: _____