

CONSENT TO DENTAL SCREENINGS

Oral Health Assessment-Examination, X-rays, Prophylaxis(basic cleaning)

I do authorize Adriana Clark, DDS to perform an oral examination and any needed x-rays in order to assess the oral health of the above named patient. Once the screening is completed Dr. Adriana Clark will review the outcome of the examination and discuss the clinical findings with the patient. The patient will be giving the opportunity to ask questions regarding the information that Dr. Adriana Clark will provide following the examination.

I will not hold Dr. Adriana Clark responsible, should I choose to not seek care from a dentist as we recommended.

Patient/Guardian Signature: _____ **Date:** _____

I have explained the nature, purpose risks, complications, benefits, and alternatives to the proposed treatment, as well as the risks and consequences of proceeding or not proceeding with the treatment. I have answered all of the patient's questions, and I believe the patient/guardian fully understands my answers and explanations.

Dentist Signature: _____ **Date:** _____