

DR. TREY'S CHILDREN'S DENTISTRY: CONSENT FOR OPERATIVE TREATMENT PLAN

Please read this form carefully and ask questions about anything you do not understand.

To Whom It May Concern,

I authorize Dr. Paul H. Fellers III (aka Dr. Trey) and staff to take x-rays, study models, photos and other diagnostic aids deemed appropriate by the doctor to make a diagnosis of my child's dental needs. Upon such diagnosis, I authorize the doctor and/or staff to perform all recommended treatment. I agree to the use of anesthetics, nitrous oxide (laughing gas), and any other behavioral management techniques that are deemed necessary by the doctor to treat my child with his/her best interest in mind.

I attest that Dr. Trey has examined my child and has stated whether or not a comprehensive dental treatment plan could be completed based on any limiting factors such as: my child's cooperation and anxiety limiting the ability to obtain diagnostic radiographs and a controlled examination with the use of an explorer instrument.

Dr. Trey has explained to me my child's dental needs as noted on the examination (limited or comprehensive) prior to operative treatment. He has explained to me at length the needs that are clearly evident and also that some operative treatment needs may be best treatment planned at the time of operative treatment when utilizing behavior management techniques allows for a more thorough evaluation.

I understand that Dr. Trey can utilize a variety of behavior management techniques to diagnose and treatment plan all my child's dental needs prior to operative appointment and to schedule a second appointment for the treatment of those needs. This may be the choice that we make together, however, by my signature below I am agreeing to allow Dr. Trey to complete the treatment plan during the operative appointment and to accept the treatment that he deems best for my child without further discussion of treatment or treatment plan prior to the actual operative treatment.

I also attest that Dr. Trey has explained, in detail and to my satisfaction, any and all planned or unplanned possible operative treatment procedures that he will perform at my child's operative treatment visit.

By my signature below, I acknowledge that I have read this statement and agree in whole to the contents:

Parent/Guardian Signature _____ Date _____