

**Spencer Creek Dental Care**  
**Dr. Monroe M. Ginsburg      Dr. Mahamid A. Khan**

**Consent for Dental Treatment**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ do hereby give consent to the performance of dental procedures by Doctors Ginsburg and Khan and their staff.

I authorize the taking of photographs, x-rays, any other records as is deemed necessary for use by Spencer Creek Dental Care, its doctors and staff, or any entity authorized by Spencer Creek Dental Care. I acknowledge that all original records and diagnostic aids are the property of Spencer Creek Dental Care. Copies may be furnished upon written request based on established policies of the office. There may be a fee for duplication and/or transfer of records.

I authorize the evaluation, diagnosis and performance of restorative procedures (fillings), oral surgery (including extractions), orthodontic treatment and/or other dental procedures deemed necessary or advisable by Doctors Ginsburg and Khan including the administration of local anesthesia and/or nitrous oxide.

I understand that behavioral management techniques utilized by the staff may be partially or completely ineffective in managing my child during his/her treatment. In such instances, the planned treatment may not be possible or may be incomplete and may require referral to a pediatric dentist specialist.

I understand that the doctors and their dental staff will be performing the procedures summarized above. It has been explained to me that unforeseen conditions may be encountered that require procedures other than those originally diagnosed. I therefore authorize the doctors to perform such additional procedures or treat unhealthy or unforeseen conditions that may be encountered, as they may seem necessary or desirable during treatment after I have been consulted.

The nature and risks of these procedures have been fully explained to me and I understand them. I have had sufficient opportunity to discuss the patient's dental condition/problem(s), the treatment plan, anesthesia procedures, and the benefits to be reasonably expected from these treatments/procedures, compared with alternative approaches and/or no treatment. I recognize that the practice of dentistry is not an exact science and that no guarantees have been made to me concerning the result of these procedures I have requested and authorized.

Doctors Ginsburg and Khan reserve the right to discontinue treatment if, in their opinion, circumstances justify such action. Among reasons for discontinuation of treatment are repeated lateness and failure to keep appointments.

Patients under the age of 18 are minors by law and are required to have a parent or guardian present in the office while they are being treated.

All of my questions have been answered to my satisfaction and I consent to treatment.

I acknowledge I have received Spencer Creek Dental Care's Notice of Privacy Practices.

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_