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## Pediatric Notice and Consent Form

Patient Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Our office would like for you and your child to have an educational and enjoyable visit. Therefore, we request that you read this consent and notice form carefully. This form is meant to provide information on some of the routine procedures we perform. If you do not have any questions or concerns we ask that you complete the form and sign the bottom of the page giving us your consent to perform the listed procedures if deemed necessary.

Please place a  $\checkmark$  next to each box indicating that you understand and consent to the procedure:

**Consent to receive dental treatment:** I consent and authorize exam, clean, and dental treatment for my child. I further consent and authorize the taking of dental x-rays, as may be considered necessary, to diagnose and/or treat my child. I will allow photographs to be taken of my child or child's teeth for diagnostic or educational purposes.

**Consent to receive Nitrous Oxide/Oxygen/Oral Sedation:** I consent and authorize the use, if deemed necessary, of Nitrous Oxide (laughing gas) and/or liquid versed during the treatment of my child. Sedation is a generally safe and effective technique to reduce or eliminate anxiety and enhance effective communication. Its onset is rapid. The depth of sedation is easily reversible, and recovery is rapid and complete. Additionally, nitrous oxide aids in analgesia (reducing pain) and reducing the gag reflex.

**Notice of fees:** The fees for my child's treatment have been discussed with me including the fee to provide treatment for a sedated child. I am aware that my insurance will be billed for these procedures. I am aware that my insurance may not cover the sedation fees and am aware that I will be responsible for any remaining balance my insurance does not cover.

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_