



## **Consent for Dental Treatment**

I request and authorize Dr. Booe to examine, clean, and provide dental treatment for my child's teeth. I further request and authorize the taking of dental x-rays as may be considered necessary by Dr. Booe &/or staff to diagnose &/or treat my child's dental problem. I will allow photographs to be taken of my child or child's teeth for diagnostic or educational purposes. I understand that dental treatment for children includes efforts to guide their behavior by helping them understand the treatment in terms appropriate for their age. Dr. Booe will provide an environment likely to help children learn to cooperate during treatment by using praise, explanation, and demonstration of procedures and instruments, and using variable voice tone. I will be responsible for any charges incurred on this child for dental treatment.