Hygiene Services Informed Consent

Patient Name: _____ DOB: _____/_____/_____

Your child is scheduled to have the one or more of the following services rendered: Oral Examination, Dental Prophylaxis/Cleaning, Intraoral X-rays, and/or Fluoride Application.

By signing this document I give consent to Dr. Diaz to render the above mentioned services unless otherwise declined below.

_____ _____

Parent/ Legal Guardian Signature Date

If you choose to decline topical fluoride / varnish and / or diagnostic dental x-rays, you will need to notify the office while checking in for your appointment.