

Beachcrest Dental, Inc.
88 Beach Street
Westerly, RI 02891

CONSENT FOR DENTAL EXAMINATION AND TREATMENT FOR A MINOR

I am the parent/guardian of _____, who is a minor. I give permission to Dr. Bruno, Dr. Suthar and their staff to provide the following treatment for this child.

Oral examinations: Recommended every 6 months for children up to age 8, and for older children with a demonstrated need. Children age 7 and older, with no evidence of decay may need only 1 oral exam per year.

Bitewing X-rays: Essential to take once per year for all children.

Topical Fluoride: Application every 6 months has proven to decrease the risk of decay.

*Not all insurance plans cover every exam, x-ray or fluoride treatment. If you have any questions, please check your policy for coverage information.

Parent/Guardian Signature_____

Date_____

Witness_____

Date_____