

AMARILLO PEDIATRIC DENTISTRY

Shane L. Moore, DDS, PA

2455 I-40 West

Amarillo, TX 79109

MINOR/CHILD CONSENT

I, being the parent or guardian of _____, do hereby request and authorize the dental staff to perform necessary dental services for my child, including x-rays, nitrous oxide (laughing gas), and administration of anesthesia and any services deemed advisable by the doctor, even if I am not present in the operatory during the dental treatment.

DENTAL TREATMENT

I understand that during the treatment, it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. I give my permission to the dentist to make any/all changes and additions as necessary. I consent to the use of photography for the purposes of future education and display of specific dental procedures performed by Amarillo Pediatric Dentistry.

FINANCIAL AGREEMENT

I acknowledge that payment is due at the time of treatment. I agree that I am responsible for all fees and services rendered. I accept full responsibility for all charges. I understand Amarillo Pediatric Dentistry does not bill third parties, including secondary insurance, medical/accident insurance, or non custodial parent(s). I understand Amarillo Pediatric Dentistry will file my primary insurance as a courtesy to me.

Past due accounts are subject to additional fees.

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION-HIPPA PRIVACY

You have the right to read our Notice of Privacy Practices before you decide whether to sign the Consent.

I, _____, have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

Signature:

Date:

Relationship to child: