

Lehigh Valley Pediatric Dentistry

Notice and Consent

Patient Name: _____

Parent's Name: _____

Lehigh Valley Pediatric Dentistry ("LVPD") wants you and your child's visit to be both educational and enjoyable. Therefore, we request that you read this Consent and Notice form carefully.

Please note: You have the right to refuse to sign this Notice and Consent form. If you refuse to sign this Notice and Consent form, LVPD reserves the right to refuse to provide treatment to your child.

Please place a \checkmark in each box to indicate that you understand and consent to the following:

Consent to receive dental treatment: I consent and authorize Dr. Majumdar and his employees to examine, clean, and provide dental treatment to my child.

Consent to dental x-rays: I consent and authorize Dr. Majumdar and his employees to take dental x-rays and photographs for diagnostic and/or educational purposes.

Consent to receive Nitrous Oxide/Oxygen Sedation: I consent and authorize Dr. Majumdar to use Nitrous Oxide (laughing gas). Nitrous oxide/oxygen 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 usually easily tolerated and reversible. Additionally, nitrous oxide aids in analgesia (reducing pain) and reducing the gag reflex.

Consent to immobilization: I understand and agree that it may be necessary for Dr. Majumdar to use a papoose board (hug blanket) to prevent injury and safely treat my child.

Date: _____ Parent/Guardian's Signature: _____