

CONSENT AND AGREEMENT FOR TREATMENT

Lubbock KIDS Dental PLLC

Please read the following information carefully. After you have read this Consent and Agreement, please sign your name below to accept the terms of this agreement.

1. **Consent to treat:** As a consenting adult, I agree to permit Dr. Dietmar Kennel, dentists, dental hygienists, and staff of Lubbock KIDS Dental PLLC to provide dental care to:

Please insert Child's Name: _____

2. **Limitations:** The focus of this practice is pediatric dentistry. If a patient requires treatment that is beyond the scope of this practice, i.e. permanent root canal therapy, orthodontics, oral surgery, periodontal therapy, etc..., we reserve the right to refer the patient to another practice or specialist for treatment.

3. **Right to discontinue treatment:** Lubbock KIDS Dental PLLC reserves the right to discontinue treatment for any appropriate reason, such as, excessive cancellations. In such cases, the patient or patient's representative agrees to accept full responsibility for pursuing alternate professional dental care. A letter will be sent informing the patient or patient's representative that treatment is being discontinued. All records pertaining to the treatment and diagnosis of patients are the property of Lubbock KIDS Dental PLLC. Records and x-rays will be duplicated upon written request with a reasonable charge to the patient.

4. **Payment for services:** I am expected to pay for the treatment I receive. Lubbock KIDS Dental PLLC has the right to revise fees at any time, for any procedure which has not yet been started. During the course of my dental care, unexpected complications or new conditions may arise that may require a change of treatment plan and result in higher cost.

5. **Risks of treatment:** The doctors and staff at Lubbock KIDS Dental PLLC are available to answer any questions concerning the risks involved with specific procedures. All dental procedures have certain risks; including possible side effects from some medicines used in dentistry. These risks include, but are not limited to:

a) allergic reactions b) cuts/abrasions c) tenderness/bruising from injections d) sensitive teeth

6. **Consent to photograph:** I understand that photographs and other images may be recorded to document and assist with my care. I authorize publication of such images for scientific, educational, and promotional purposes, not limited to but including publication on social media networks (i.e. Facebook, Pinterest, etc.) and the internet.

7. **Notice of Privacy Practices:** Lubbock KIDS Dental PLLC may release information to other entities or healthcare providers, for treatment, payment of services, and for health care operations as described in the "Notice of Privacy Practices". Lubbock KIDS Dental PLLC has prepared this detailed document to help you better understand our policies in regard to the use and disclosure of your personal health information. I have been given the opportunity to review and receive a copy of the Notice of Privacy Practices.

Please initial: _____

In order for your child to be treated when accompanied by someone other than yourself, please complete the following information and present a photo ID for us to copy and keep on file:

9. **Competent adult:** In order for your child to be treated in our office, when accompanied by someone other than yourself please complete all information below, indicate with your signature that you are the legal guardian of this child, and present a photo ID for us to copy and keep on file. Please list individuals below as competent adults to accompany your child to our office for scheduled appointments:

Name	Relationship to child	Phone

8. **Consent to treatment:** By signing below, I am indicating that I have read and I understand the terms of the Consent and Agreement for Treatment. I have the authority to give consent for the patient. I give consent to Lubbock KIDS Dental PLLC to perform necessary or appropriate tasks for proper dental and physical examination, diagnosis, and treatment.

My questions regarding this consent and agreement have been answered.

Parent/Guardian Signature

Date

Witness Signature

Date

Relationship to Child:

Daytime Phone: