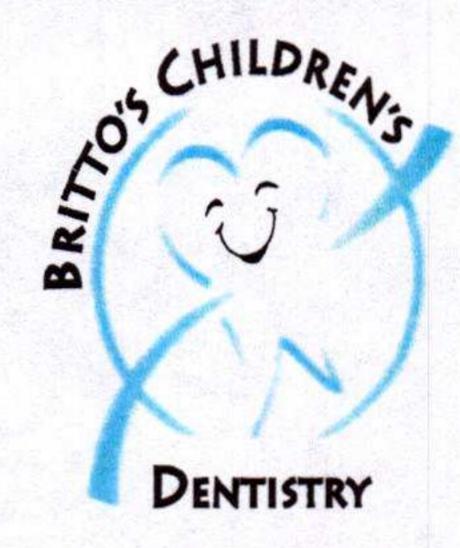
4080 Lafayette Genter Dr Suite 160B Chantilly V.A., 20151

Ph: 403-203-1000

Fax: 703-230-0509



12700 Black Forest Lane Suite 304 Woodbridge, VA 22192

Ph: 703-670-1991

Fax: 571-285-2972

Mala A. Britto, DDS, MS Board Certified Pediatric Dentist

INFORMED CONSENT FOR PEDIATRIC D	
Before we begin treatment, we request your permission to do	the following procedures:
Dental examinations	
x-rays	
Dental cleanings	
Fluoride applications	
We also require your permission to perform the following dent	tal treatment:
Sealants (preventive, protective coating)	
Composite fillings (white fillings)	
Stainless steel crowns (silver crowns)	
Esthetic crowns (white crowns)	
Pulp treatments (indirect or direct pulp capping, pu	[2] 사이트 (2018년 1일 - 1925년 2일 1일
Dental Appliances (space maintainers, distalizing a	appliances, habit appliance, bite correction)
Extractions	
Local anesthetic administration	
Nitrous Oxide use	
Mouth prop, rubber dam or Isolite use	
Dental laser use	
Frenectomy, Gingivectomy, Operculectomy	
Other	
RISKS: Rarely, dental treatment may be associated with numupset stomach, dizziness, allergic reaction, swelling and infect the trachea or swallowing of objects, soft tissue trauma, loss/b filling. I understand that I may refuse any or all of the above treatmendental problem has an even greater risk namely abscess, infedeveloping adult teeth, future orthodontic and gum problems, After reading and understanding the diagnosis, prognosis dental treatment recommended above, I authorize the doc Children's Dentistry to perform the above treatments chech This consent will remain effective unless withdrawn in writing by the problems of this minor patient.	tion, early loss of teeth, objects lodged in broken appliance and loss/broken tooth or onto the recommended. However, ignoring a ction, pain, fever, swelling, risk to the and rarely death. s, benefits, risks and alternatives of ctors and staff working at Britto's cked off in this consent form.
CHILDS NAME:	
PARENT/GUARDIANS NAME:	SIGN:
RELATION TO CHILD:	
STAFF SIGNATURE:	DATE:

www.drbritto.com Email: frontdesk4drbritto@Gmail.com