

# **A.C. Villarreal Family Dental**

*1123 South 10<sup>th</sup>  
Edinburg, TX 78539  
(956) 318-3384*

## **Informed Consent**

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### **To Perform Dental Work On My Child**

I have been informed that the following procedures are necessary for my child:

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Although every effort will be made to adhere to the proposed treatment plan, unforeseen circumstances or conditions may require a departure from the plan.

After treatment, your child may experience pain and swelling. There is a possibility that the child may bite the inside of the mouth or tongue before the anesthesia wears off, and that the child must be instructed not to do so.

In addition to local anesthetic, nitrous oxide (laughing gas) is frequently used to make the dental visit less stressful. Although the child is usually alert and awake upon leaving the office, there are rare instances of lingering sedation. Some of the possible side effects of local anesthetic are prolonged or permanent numbness of the cheeks, lips, tongue or gums, allergic reaction, rapid heart rate, or a reaction with other drugs that you are taking.

If I do not remain in the dental office while my child is receiving dental treatment, I am leaving the treatment up to the doctor's judgment and experience, understanding that other treatment may have to be rendered. If contact with me is not successful the doctor and his staff have permission to do whatever they feel is necessary. In case I need to be contacted during my child's dental visit, my cell phone number is \_\_\_\_\_

Card # for patient portion \_\_\_\_\_ exp/-----

Signature authorizing use of credit card \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Date \_\_\_\_\_