

Please List Prescription Medications That You Are Currently Taking

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Statement of Consent for Health Services

I hereby give my consent to all visits necessary for the above named patient for the purpose of medical/dental examination, treatment, follow-up and maintenance treatment. I understand that it is my right to have specific treatments and procedures explained to me prior to such procedures. I reserve the right to refuse any such treatment at that time. To the best of my knowledge, the medical history questions have been accurately answered.

Patient/Parent Signature: _____ Date: _____

In case of emergency, please notify: _____ Phone: _____

Dentist Signature: _____ Date: _____