

Trussville Pediatric Dentistry

123 N. Chalkville Road

Suite 1

Trussville, AL 35173

(205)655-1000

INFORMED CONSENT

Thank you for choosing us as your dental care provider. We will make every effort to insure that your child has a pleasant dental experience. On his/her initial visit, he/she will see one of our dental hygienists to have his/her teeth cleaned. We usually begin dental radiography (x-rays) at age 4 or 5. Bitewings or cavity disclosing x-rays are recommended yearly to check for cavities between the back teeth, (molars). If a patient has a high incidence of dental decay, we may repeat x-rays at their 6 month recall. Once a child reaches the age of 6, we generally take a panoramic x-ray of the entire mouth to check the position of permanent teeth and check for missing teeth or other pathology. These radiographs are very important if orthodontics may be needed in the future. This x-ray is usually repeated at 3 year intervals. Following the visit with the hygienist, Dr. Willingham will go over all findings with you, address any concerns you may have and make recommendations for future treatment. We again thank you for the privilege of having you as a patient.

Dr. Massey Willingham & Staff

PLEASE READ AND INITIAL BESIDE EACH OF THE FOLLOWING TREATMENT THAT YOU CONSENT TO.

Cleaning _____ X-Rays _____ Fluoride _____

By my signature, I acknowledge that the above procedures have been explained to me. I understand the risks and benefits of these procedures. I give my consent for Dr. Willingham, and staff, to complete the above procedures on my child, as necessary.

Signature of Parent/Guardian _____

Patient's Name _____

Date _____

Please note that a 24-hour notice is required for cancellation of an appointment. If you miss two appointments, without a 24-hour cancellation notice, you will be charged a \$35.00 fee prior to scheduling a third appointment.