



Children's Dental Care
Badrieh Edalatpour, D.M.D.
Pediatric Dentistry
422 Main ST
Stoneham, Ma 02180
781-438-0300

General Informed Consent

We are asking you to read and sign the following. It means you understand the recommended treatment plan or alternative treatment plans that have been presented to you.

I, the patient of record have been informed by the dentist of the need to undergo dental oral medicine treatment as presented to me, and the relevant information regarding my treatment has been read by me and explained to me. I have been fully informed about the diagnosis, details and estimated costs of recommended treatment and alternatives. I agree I understand that as treatment proceeds there may be a need to change the treatment plan. If this occurs, I expect to be informed before any change is instituted.

I have been informed that success of treatment depends upon my cooperation in keeping schedule appointments, following home care instructions including oral hygiene and dietary instructions, taking prescribed medications, and reporting to my dentist any changes in my health status. I acknowledge that I have not made any warranties or guarantees concerning treatment or its long term success.

If the patient is under 18 years or incompetent to consent, a parent or legal guardian must sign this general informed consent.

Patient Name: _____

Parent's Name: _____

Date: _____