Children’s Dentistry of Baytown

Anabel Vega-Negron, DMD, PC

4001 Garth Road, Suite 104

Baytown, TX. 77521

(281) 427-4736

Consent for Dental Sealants

In today’s visit, we will perform dental sealants on your child. Dental sealants are a treatment to help prevent decay on the chewing surfaces of your child’s teeth.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the legally responsible parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent to Dr. Vega and her staff in performing the procedure mentioned above for my child during this appointment.

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Signature of parent/guardian Printed name and relationship to patient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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Witness