

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

Volusia County Health Department Dental Clinic
INFORMED CONSENT FOR DENTAL TREATMENT
CONSENTIMIENTO INFORMADO PARA EL TRATAMIENTO DENTAL

NATURAL / ADOPTIVE PARENT GUARDIAN SELF (PLEASE CIRCLE ONE)

I authorize the following treatment procedures. (Please initial by each procedure)
Yo autorizo los siguientes tratamientos. (Por favor marquee sus iniciales en cada linea de procedimiento)

<input type="checkbox"/> Exam <input type="checkbox"/> Examen	<input type="checkbox"/> X-Ray <input type="checkbox"/> Rayos-X	<input type="checkbox"/> Notarized Form Accepted <input type="checkbox"/> Forma Notariada Aceptada
<input type="checkbox"/> Dental Cleaning <input type="checkbox"/> Limpieza Dental	<input type="checkbox"/> Fluoride Treatment <input type="checkbox"/> Tratamiento de Fluoruro	<input type="checkbox"/> Notarized Form Declined <input type="checkbox"/> Forma Notariada Declino

Patient or Legal Guardian Signature
Firma del paciente o guardian legal

Date
Fecha

Dentist Signature
Firma de dentista

Date
Fecha

The following treatment plan, benefits, alternative treatments, and significant risk factors associated with this treatment have been explained to my satisfaction.

El siguiente plan de tratamiento, beneficios, tratamientos alterno, y factores significativos asociados con este tratamiento han sido explicados a mi mayor entendimiento.

Preventive Sealant
 Sellantes Preventivos

Dental Filling(s)
 Relleno o empaste

Extraction
 Extracciones

Local or Topical Anesthesia
 Anestecia local o superficial

Pulpotomy
 Pulpotomia

Other:
 Otro:

Patient or Legal Guardian Signature
Firma del paciente o guardian legal

Date
Fecha

Dentist Signature
Firma de dentista

Date
Fecha