Dr. Beth Nixon
Family Dentistry

1821 Walkers Line, Unit 1
Burlington Ontario, L7M 0H6
(905)331-8888 Fax (905)331-9596

Date: _____

Welcome to Dr.Beth Nixon Family Dentistry

We look forward to meeting with you! The child(ren) listed below are scheduled to visit with us for an initial full oral exam including necessary Xrays as required, cleaning, polishing and fluoride application as indicated.

Following their initial exam, continuing preventative care is recommended and may include further dental treatment as required while in our care.

As recommended by the Royal College of Dental Surgeons of Ontario, we will require all legal guardians to be aware of this initial appointment and have a signed consent form for each minor child (under 16 years of age). By signing this form you agree to have your child(ren) visit our dental clinic for their dental care. A minor must be accompanied to every appointment where individual consent is received from the *attending* guardian.

It is not necessary for all guardians to be present at this first or subsequent appointments.

Child/Children's Name(s)	Date of Birth

Thank you very much.

I/We as parent(s)/guardian(s) give consent for dental treatment for our child/children as listed above.

_____

Parent/Guardian Relationship to Child Date

_____

Parent/Guardian Relationship to Child Date