

# Oral Health Screening Consent and Recommendations

(Please Print)

## This section to be completed by parent, guardian or child's representative:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's/Guardian's/Representative's Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment, or dental screening. I understand this screening is only a very basic evaluation and does not take the place of a thorough dental examination. I would need to secure the services of a dentist in order for my child to receive a complete dental examination necessary to establish and maintain health.

I also understand that receiving this dental screening does not establish any new, ongoing or continuing doctor patient relationship. I am free to establish such a doctor-patient relationship for my child in the future with the dentist performing this screening or another dentist of my choice. Further, I will not hold the dentist or those performing this assessment responsible for the oral health consequence or results should I choose NOT to follow the recommendations listed below.

\_\_\_\_\_  
Date \_\_\_\_\_

**Signature of Parent/Guardian/Representative**

## This section to be completed by the dental professional providing the assessment:

Dear Parent of Guardian,

Dental screening only finds obvious dental problems and are meant to identify children who need dental care. No x-rays were taken and this screening does not replace a thorough dental examination by a dentist.

Below are the results of the screening and my recommendation:

\_\_\_\_\_ Your child has no obvious dental problems but should receive routine by a dentist.

\_\_\_\_\_ Your child appears to have some dental problems which should be evaluated by a dentist. Please make an appointment at your earliest convenience so that your child can receive a complete examination. Your dentist will determine what if any treatment is needed.

\_\_\_\_\_ Your child has some dental problems which appear to need immediate care. Contact a dentist as soon as possible for a complete examination.

Additionally, I have explained the risks of Not proceeding with the recommendation provided and have fully responded to the questions posed to me by the parent/guardian/representative.

\_\_\_\_\_  
Date \_\_\_\_\_

**Dental Professional's Signature**

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