

Ridgefield Dental Care, P.C.
Parent Fluoride and Radiographic Consent

The following consent form is just a way for us to streamline our dental treatment in your absence or if we are unable to reach you by phone. Please check which of the following apply.

- I give my permission to take radiographs on my child as needed if I am not present during the exam and cannot be reached by phone.
- Do not take any radiographs without my direct consent. I understand that I may need to make a return visit to have radiographs taken.

- I give my permission to have fluoride placed on my child's teeth twice per year after his or her dental cleanings if I am not present during the exam and cannot be reached by phone.
- Do not apply any fluoride without my direct consent. I understand that I may need to make a return visit if I wish to have fluoride applied later.