

BAY AREA PEDIATRIC DENTAL WELLNESS GROUP

JONATHON EVERETT LEE, DDS, INC. ~ BRIAN D. LEE, DDS, MSD, INC. ~ CHRISTIAN P. YEE, DDS
Diplomates of the American Board of Pediatric Dentistry



Specializing in Dentistry for Infants, Children & Teenagers and Orthodontics

1291 East Hillsdale Boulevard, Suite 100
Foster City, California 94404
Telephone: (650) 574-4447
Fax: (650) 574-4041

Request, Acknowledgement and Consent for Early or Additional Exam, Cleaning and Fluoride Services

I, _____ the parent /legal guardian
(Please Circle)

of _____

I have requested and consent to have the following services done earlier than the standard six month plus one day time frame and I am aware that the patient's insurance company may not cover the services rendered.

_____ Dental Checkup Exam
Initials

_____ Dental Cleaning Prophylaxis and Fluoride Treatment
Initials

_____ X-Rays- If Recommended
Initials

I hereby give permission to Dr(s). Lee, Dr. Yee, and their staff to render the above dental services and to use such methods and agents as they see fit for the patient named on this form. I, or my representative, have been given the opportunity to discuss the pros and cons of the recommended treatment, the risks, benefits and alternatives, the time involved and the financial investment with Dr(s). Lee, Dr. Yee, or one of their staff. I understand that this office renders services in the best interests of the health of the patient and makes no assumption that these services will be covered or paid by the insurance company. Furthermore, I will be responsible for any bills incurred for this patient.

Signature _____ Date _____