

Kids Plus Pediatric Dentistry, P.C.

Please initial below next to each item stating you have read and agree to our office policies and forms. Then, please sign the bottom of the page.

_____ I have read, understand, and agree to the Kids Plus Pediatric Dentistry, P.C. APPOINTMENT POLICY.

_____ I have read, understand, and agree to the Kids Plus Pediatric Dentistry, P.C. FINANCIAL POLICY.

_____ I have read, understand, and agree to the Kids Plus Pediatric Dentistry, P.C. HIPAA NOTICE OF PRIVACY PRACTICES FORM.

_____ I have read, understand, and agree to the Kids Plus Pediatric Dentistry, P.C. INFORMED CONSENT FOR PATIENT MANAGEMENT TECHNIQUES FORM.

_____ I have read, understand, and agree to the Kids Plus Pediatric Dentistry, P.C. REQUEST AND CONSENT FOR PEDIATRIC DENTAL TREATMENT FORM.

Parent/Guardian Signature

Date