

iKids Paediatric Dental Care

94 Stirling Highway NORTH FREMANTLE WA 6159 Dr Timothy Johnston

Parental Acknowledgement for consent and financial obligation

Name:

DOB:

I _____ (Parent / Guardian) hereby certify that, to the best of my knowledge, the completed medical history questionnaire and our contact information is correct as of 12/05/2016.

Because my child is a minor, I give my consent for their examination and special tests as explained by the attending clinical staff for the purpose of diagnosis of my child's presenting condition. Following an explanation of the findings, diagnosis when possible will be provided and I will be presented with treatment estimates. On this information, I will provide informed and financial consent for Test's dental treatment. Furthermore, I will be responsible for any financial obligation incurred for my child's treatment, and also for incidental costs incurred, and /or legal fees necessary to recover the same.

I understand that all accounts will be settled at the time of appointment and that 24 hours notice is required for appointment changes.

Signed: _____ 12/05/2016