



Jay M. Marks D.M.D., F.A.G.D., LLC

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"We Create Beautiful Smiles"

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Consent for Treatment

I, _____, give my consent and permission for treatments, as deemed necessary and appropriate in this office, by Dr. Marks and/or his associates or hygienists. I further give my permission for the use of anesthetics, medicaments, medications, and filling materials, in the performance of dental treatments.

Signature

Date

Consent for Minors

I, _____, declare that I am the legal guardian of this child patient, _____. As such, I give my consent & permission for treatments as deemed necessary and appropriate in this dental office, by Dr. Marks and/or his associates or hygienists. I further give my permission for the use of anesthetics, medicaments, medications, and filling materials, in the performance of dental treatments.

Signature

Date