Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

Florida Department of Health, Nassau County Dental Clinic CONSENT FORM

Patient's Name:		
Last	First	M
Address	City, State	
Telephone Number: ()	D.O.B.:/	
Social Security Number://	Sex: F / M	Race:
Do you have Dental Insurance? If yes, please	list insurance name:	
Whenever medical or dental treatment is performed, to problems. In dentistry, some of the risks include, but medications used, excessive bleeding, temporary or pepain or joint pain. Frequently, a child who is experience his/her lip. If this does happen, try not to worry. It will reactions is rare, but you should know that sometimes to	it are not limited to: irmanent numbness, an cing a lip that is "asleep heal quickly and witho	Allergic reactions to the drugs and ad fracture of the jaw, post-operative or from the anesthetic may chew on
If there is any treatment you do not want your child to h	ave, please note it here	::
(Understand that refusal of any recommended treat quality care). I HAVE READ, UNDERSTAND AND ACCEPT THE RIchild / myself	SKS AS OUTLINED A	BOVE. I give my consent for my
Department of Health, Nassau County Dental Clinic. In any medical chart information from any source concern be used to provide better dental care.	addition, I consent to h	nave released to the dental program
Patient / Parent or Guardian of patient signature	 Date	
Emergency Number: ()	_	
CONSENT TO USE NITROUS OXIDE Due to a patient's concern regarding a procedure, we help relax patients. It does not put them to sleep. We child's anxiety. I Consent to the use of Nitrous Oxide anesthesia, if nec	e use this only when ca	are cannot be completed due to the
9/2021	_	

