

**CHRISTINA P. MILLS, DDS**  
1701 Sunset Lane  
Culpeper, VA 22701  
PHONE (540) 825-1366...FAX (540) 825-9005

**Parental/Legal Guardian Consent for Dental Treatment**  
(Please fill out one form per child)

**PLEASE NOTE** that if there are any medical changes, the parent of legal guardian **MUST** speak directly with the dental health provider. If no changes, please check the box next to the child's name and initial.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  NO Medical Changes  
Please initial \_\_\_\_\_

Parent/Legal Guardian Contact (please print) \_\_\_\_\_ Parent's Contact Number \_\_\_\_\_

THIS FORM APPLIES TO ALL FUTURE SERVICES THROUGH AGE 17 : \_\_\_\_\_  
(Date)

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PLEASE INITIAL ALL THAT APPLY BELOW (we will make every effort to follow insurance guidelines)...

Fillings \_\_\_\_\_

Prophylaxis (Cleaning) \_\_\_\_\_  
(this may include General Supervision w/hygienist)

Fluoride Treatment \_\_\_\_\_

X-rays \_\_\_\_\_

Sealants \_\_\_\_\_

Other \_\_\_\_\_

**THIS CONSENT SERVES AS PERMISSION FOR TREATMENT BY CHRISTINA MILLS, DDS FOR THE ABOVE NAMED CHILD DURING MY ABSENCE. I AGREE TO PAY FOR ALL SERVICES PROVIDED TO MY CHILD.**

Parent/Legal Guardian Signature (circle one) \_\_\_\_\_ Date: \_\_\_\_\_

**Please return with child at time of appointment.**