Peninsula Pediatric Dentistry,
Dental Office of Brian C. Quo, PC
882-A Emerson St.
Palo Alto, CA 94301
Ph: 650.853.8883

Caring For Children & Young Adults

INFORMED CONSENT

Our dental office philosophy is based on our preventative dentistry and to creating a supportive and nurturing environment for the children and young adults under our dental care. In particular, we are dedicated to providing safe, comfortable and quality dental treatment for all our patients.

California State Law requires us to obtain your informed consent before we can provide any dental services for your child. Our most important general office policy is to "inform before we perform". Specifically, we are requesting your permission for the following diagnostic and preventive dental procedures: comprehensive clinical examination, selected diagnostic x-rays, thorough professional cleaning and decay-fighting fluoride treatment.

If dental treatment is necessary, we require your consent for a number of additional procedures which include, but are not limited to, the following: local anesthesia ("lidocaine"), low-level nitrous oxide – oxygen "laughing gas", comfortable mouth prop ("tooth pillow") and extensive use of classic "tell-show-do" method of introducing new methods and materials to your child.

You will be verbally informed before dental treatment is performed on your child. Please feel free to ask us any questions you may have regarding the preceding information or concerning any other aspect of our dental practice. Additionally, you may wish to discuss our policies with other individuals who are involved in caring for your child.

Thank you for taking the time to read and sign this important document.

Therefore, I hereby give my consent to Brian C. Quo, DDS, MS, to provide mutually agreed upon dental services for my child. I further agree that that this consent shall remain in force unless withdrawn in writing by the person who has assigned below of the minor patient or themselves.

_____	_____
PRINT PATIENT'S NAME(S)	PATIENT'S AGE(S)
_____	_____
PARENT/GUARDIAN'S SIGNATURE	PARENT/GUARDIAN'S NAME PRINTED
_____	_____
RELATIONSHIP TO PATIENT(S)	TODAY'S DATE
_____	_____
OFFICE PERSONNEL WITNESS SIGNATURE	OFFICE PERSONNEL WITNESS NAME PRINTED