

SEALANT CONSENT

Date: _____

Patient's Name: _____

Would you like us to go ahead and place SEALANTS on your child's teeth if Dr. Asha recommends them following an exam and if they are covered 100% by your dental insurance?

The sealants will take a few additional minutes and will make the deep grooves on the molars shallower making it easier for your child to brush food off their teeth and therefore reducing the chances of decay/cavities on the chewing surfaces.



YES

NO

Parent/ Legal Guardian's Print Name:

Parent/ Legal Guardian's Signature:

Witness: