



**Berthoud  
Family  
Dentistry**

**CARMEN L. BECKWITH, DDS**

*Healthy Smiles for Lifetimes*

### Consent for Dental Treatment

I hereby authorize and direct Dr. Carmen L. Beckwith DDS and her designated auxiliaries to perform upon myself and/or my child the necessary diagnostic procedures and dental procedures to address my/their dental needs.

- Obtain radiographs, impressions, photographs, and any other diagnostic aids deemed appropriate to make a thorough diagnosis.
- Perform all recommended treatment mutually agreed upon with the understanding that changes in treatment are sometimes required. Such changes will be discussed real-time to obtain consent.
- Employ the use of local anesthetic and nitrous oxide as necessary. I understand that using anesthetic agents embody certain risks. I acknowledge that I may ask for a description of any possible complications.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Responsible Party Signature

408 Tenth Street | Berthoud, Colorado 80513

phone: 970.532.4477 | fax: 970.532.3377 | email: info@berthoudfamilydentist.com

[www.BerthoudFamilyDentistry.com](http://www.BerthoudFamilyDentistry.com)