



Amanda N. Siu, D.D.S.

Board Certified Pediatric Dentist

Preventive Dental Procedures Consent

I hereby authorize doctors, hygienists, and staff of Amanda N Siu DDS Inc. to perform the following treatment or procedures. These may also include the use of any necessary or advisable local anesthesia or diagnostic aids. In addition, I also authorize the doctors to use photographs, radiographs, diagnostic materials, and treatment records for documentation, learning, and research purposes.

- Exam
- Photographs
- Radiographs/X-rays
- Prophy/cleaning
- Fluoride Application

Patient Name (if a minor): _____

Patient / Guardian Printed Name: _____

Patient / Guardian Signature: _____

Date: _____