

West Annapolis Family Dentistry, LLC
101 Ridgely Avenue Suite 20
Annapolis, Maryland 21401
(410) 263-3700

Consent Form

This authorization and informed consent is meant to inform you, not to alarm you.

I _____ give permission to Dr. Colucciello and West Annapolis Family Dentistry's staff to provide any treatment needed during a cleaning appointment i.e.: (prophylaxis, fluoride treatments and x-rays) for minor's name _____.

I certify that I have read the above statement and understand what I am giving consent to.

Signature of Guardian _____ Date: _____