



Consent to the treatment of minor patients

- Local anaesthetic

- x-ray of

- Filling of
 - amalgam filling
 - plastic filling dentin-adhesive(dentin adhesive) pursuant to the agreement on additional costs as set forth in section 28 SGB V

- Prophylactic measures
 - Fissure sealing of
 - Fluoridation

- Root canal treatment of

- Removal of tooth.....

- Other

I / We agree that the aforementioned medically necessary treatment of my / our child may be carried out.

Place/Date

Signature of parent(s) or guardian(s)