



Pediatric Dental Center of Mansfield, PC  
905B South Main St., Mansfield, MA 02048

**Consent for treatment**

As parent (or guardian) of this child, I understand that all proposed treatment will be reviewed and explained to me prior to being performed. I also understand that treatment plans can change during treatment and that the amount to be discussed regarding treatment is only an estimate. I consent to Bob Moreau DMD and his staff at Pediatric Dental Center of Mansfield, PC to provide the necessary treatment that my child requires.

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Parent/guardian signature

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Date