

PEDODONTIC ASSOCIATES, INC.

98-1005 Moanalua Rd. Suite 847

Aiea, Hawaii 96701

808-487-7933

DISCLOSING AGENT RELEASE FORM

Child's Name _____ Birthdate: _____

Your child will soon be visiting our dental office. During the time of their visit a disclosing agent, D&C RED DYE #28, will be applied to your child's teeth to aid in detecting bacterial plaque. The disclosing agent is a valuable instructional tool and provides a great visual aid. If your child is sensitive to any red dyes, we recommend that your child does not participate.

_____ **Yes, my child may participate**

_____ **No, my child may not participate**

Parent / Guardian Signature

Date