

CRESCENT DENTAL & ORTHODONTICS

NON-PARENTAL CONSENT TO DENTAL TREATMENT

I, _____, parent/legal guardian of the child(ren) listed below do hereby give authorization and consent for the authorized person(s) reflected below to consent to the authorize the dental services provided to my child(ren). I hereby authorize and grant that the below named person(s) has/have permission from the natural parents for any dental care and treatment deemed necessary for the well-being of my child(ren).

I am, by this document, representing that I have authority to consent for all dental care and treatment of said child(ren):

Signature

Relationship to child(ren)

Date

Child(ren):

Name

Name

Name

Name

Authorized person(s):

Name

Relationship to Parent or Guardian

IDENTIFICATION MUST BE ON FILE FOR AUTHORIZED PERSON(S)

Signature of Parent/Legal Guardian

Date

Appointment Date