

Minor Treatment Consent Form

I, _____ do hereby authorize _____
(parent/guardian) (adult who will bring child)
to obtain all reasonably necessary dental treatment and services for my child,
_____. The nature, type and method of such dental
(minors full name)
services will be determined by _____ and I
(adult who will bring minor)

understand that I will be financially responsible for all such dental services and I am further aware that payment for all or part of said services may be required prior to the rendering of such dental services. The aforesaid person is authorized to approve any dental services that the need for which may arise during the treatment of my child and I agree to pay for such additional services.

Parent/Guardian

Social Security Number

Minor(s) Name

Date

Witness

Date