

Informed Consent

Permission for Dental Examination and/or Treatment of a Minor

I am the parent or guardian of _____
who is a minor child, and I do hereby authorize and consent to any x-ray, examination, anesthetic,
sedative, or dental treatment rendered under the general, direct, or indirect supervision of Dr.
_____ and his/her associates, staff members, or agents, as he/she may
deem necessary.

This authorization will remain in effect until cancelled in writing by me.

Parent Signature _____ Date _____

Witness _____