



DEXTER DENTAL STUDIO

Healthy Mouth. Healthy Body. Healthy Mind.

AUTHORIZATION FOR MINOR CHILD ACCOMPANY

Dexter Dental Studio

Child(ren)'s full name(s): _____

DOB (s): _____

I, _____ (Parent or Legal Guardian) give the following people permission to accompany my child to the office of Dexter Dental Studio for dental appointments: (please include Authorized Person's Full Name)

_____	_____
_____	_____
_____	_____
_____	_____

I also give permission to the above Authorized Person(s) to make necessary decisions regarding dental treatment for my child including, but not limited to:

- The consent for this authorized person to accompany my child for exams, dental cleanings or restorative treatment and to discuss post-operative instructions.
- The consent of Dexter Dental Studio to discuss finances (treatment charges, account balances, next visit charges) with this authorized person.
- The consent for this authorized person to discuss my child's dental findings, future dental treatment needs and any pertinent personal health information (PHI).

As the parent or legal guardian, I understand that I must present to the office, in person, to sign any treatment plans or informed consent before any restorative procedures or invasive dental treatment can be performed for my child. I further understand that it is my responsibility to provide payment or a source of payment on the day that services are rendered, even when this authorized person brings the child, or no treatment will be performed for my child.

(Signature of Parent or Legal Guardian) (Date)

(Dexter Dental Studio Representative) (Date)