



DEXTER DENTAL STUDIO

Healthy Mouth. Healthy Body. Healthy Mind.

Consent to Treat Minor Without Parent/Legal Guardian Present

Dexter Dental Studio

Patient's Full Name: _____ Date of Birth: _____

To allow for treatment of patients who are considered minors, it is necessary for a parent or legal guardian to give consent for treatment. In the event that a minor child presents for a non-urgent appointment without a parent or legal guardian or a signed consent, treatment may be denied.

To Consent To:

_____ Emergency or urgent care when I cannot be reached.

_____ Routine dental care, which may include, but not limited to: dental examinations, prophylaxis (cleaning), fluoride treatment, x-rays and any and all other treatment previously discussed and agreed upon by the parents/legal guardian.

I can be reached at the following number if there are any questions: _____

I/We _____ (printed parent/guardian name) authorize Dexter Dental Studio to provide treatment.

Signature of Parent/Guardian

Relationship to Patient

Date