

Consent for Treatment of a minor child

I am unable to accompany my child, _____
(Date of birth) _____

I, (parent/legal guardian) _____ authorize the

necessary treatment including: (check all that apply)

- Teeth cleaning
- Sealants
- Composite fillings
- Fluoride treatment
- Tooth extraction
- Root canal
- Other (_____)

I accept legal responsibility for the charges incurred for the above treatment between the patient and Twin Cities Dental.

My legal relationship to this child is: (circle one) Parent -or- Legal guardian

(Signed)

(Date)

Please send this form with each child if you are unable to occupy them to their dental appointment.

Thank you