Hill Country Pediatric Dentistry

CONSENT TO TREAT

CONSENT TO TREAT WITHOUT PARENT/LEGAL GUARDIAN PRESENT

I ______________________________ (print parent/legal guardian name) have the legal right to preauthorize Hill Country Pediatric Dentistry and its personnel to deliver routine dental treatment and services to the patients listed below and I request and authorize Hill Country Pediatric Dentistry and its personnel to deliver routine dental care to said patient(s). Routine dental care may include, but is not limited to, dental examinations, prophylaxis (cleaning), fluoride treatment, x-rays, and any other treatment deemed necessary or advisable in the diagnosis and treatment of previously discussed and agreed upon treatment plan(s) with the parents/legal guardians.

PATIENT(S) INFORMATION

FIRST NAME ____________ MIDDLE _______ LAST NAME ___________________ BIRTH DATE __ /_____/ ______

FIRST NAME ____________ MIDDLE _______ LAST NAME ___________________ BIRTH DATE __ /_____/ ______

FIRST NAME ____________ MIDDLE _______ LAST NAME ___________________ BIRTH DATE __ /_____/ ______

FIRST NAME ____________ MIDDLE _______ LAST NAME ___________________ BIRTH DATE __ /_____/ ______

LIMITATIONS

Identify any specific limitations on the kinds of dental services/treatment for which this authorization is given. If none, please write “NONE”.

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PARENT/GUARDIAN INFORMATION

FIRST NAME ____________ MIDDLE NAME _________ LAST NAME _________________ PREFERRED __________

RELATION TO PATIENT ○ Father ○ Stepfather ○ Mother ○ Stepmother ○ Guardian ○ Other _______________

WORK # ________________________ CELL # ______________________ HOME # ___________________________

I hereby authorize ____________________________ to bring the patients listed above to their appointments if I am unable to attend. I understand that medical/dental advice will be relayed to them on my behalf. I understand and agree that the signatures and dates on this form will not expire without written notice.

Signature of Parent or Guardian _________________________________ Date ___________________________

Printed Name ____