



Consent to Treat Minor Patient Without a Parent/Legal Guardian Present

Minor's Full Legal 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. If a minor child presents for a nonurgent appointment without a parent or legal guardian or a signed consent, treatment may be denied.

I 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, oral cancer screening, and any and all other treatment previously discussed and agreed upon by the parents/legal guardian.

If the minor presents with other than routine dental care, I agree to consultation by phone to verbally consent to an alternate treatment plan, such as gingivitis therapy or additional restorative treatment.

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

I, _____ (Printed Parent/Legal Guardian Name), authorize Dr. Chelsea Mason and her employees to provide dental treatment for the minor.

Signature of Parent/Legal Guardian

Date

Relationship to Patient

