Pediatric Dentistry for Children and Young Adults
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Discovery Pediatric Dentistry
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Authorization to Treat a Minor

This consent shall remain effective until the undersigned provides a written cancellation request.

I, the undersigned parent or legal guardian of _____ _____,
Child's Name *Date of Birth*

a minor child, do hereby authorize _____ _____, an adult person
Caregiver's Name ***Relationship***

into whose care such minor child has been entrusted, to consent to an x-ray examination, dental cleaning, and dental diagnosis rendered to the minor under the general or special supervision of, or by a dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned dentist in the exercise of his/her best judgment may deem advisable. **I understand that any irreversible treatment such as fillings, crowns, extractions, or nerve treatments must be reviewed with the parent or legal guardian as part of Informed Consent before any additional treatment can be rendered. I understand and agree that I am financially responsible for all charges for the services provided.**

Please initial in front of each item for which the above caregiver can authorize

_____ **Consent for examination, dental x-rays, prophy (dental cleaning) and fluoride treatment**

_____ **Disclosure of pertinent medical or dental information**

_____ **Scheduling of appointments**

List any restrictions _____

_____

Caregiver Information

Name _____ DOB _____ Driver's License State _____ # _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ E-mail _____

Contact Information Where Parents May Be Reached

Mother Home _____ Work _____ Cell _____ e-mail _____

Father Home _____ Work _____ Cell _____ e-mail _____

Legal Guardian Home _____ Work _____ Cell _____ e-mail _____

Signature of Father, Mother, or Legal Guardian _____ **Date** _____

Please fax to (415) 441-1919 or e-mail to info@discoverypd.com

All forms must be completed in full
Please e-mail or fax forms prior to your appointment

Revised 10/20/17