



Authorization to Treat a Minor

This consent shall remain effective for one year from _____, 20_____.

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, prophylaxis (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 discoverypd@yahoo.com

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