

## Authorizations for Patients 17 and Under

Patient's Name: \_\_\_\_\_

If your child is 17 or under and there is a chance they may come in for a cleaning or operative appointment without a parent/guardian present (see section 1) or a family member or personal representative brings them (see section 2), please fill out this form so we can see them for their appointment. **Otherwise, we will have to reschedule your child's appointment.**

*(Please initial all sections)*

### 1. Authorization to Treat a Minor *without a Parent or Guardian Present*

This agreement allows the above-mentioned patient to attend dental appointments without my presence. This agreement expires on above-named patient's 18th birthday, in which they may consent as a legal adult.

\_\_\_\_\_ I understand that the dentist and such licensed dental assistants and registered dental hygienists will use restorative, oral surgery, and patient management techniques that are reasonable, necessary, and advisable.

\_\_\_\_\_ I authorize the administration of anesthetics (or analgesics) and fluoride treatments, which may be deemed advisable by the dentist.

\_\_\_\_\_ I understand that the treatment plan being presented, along with the fees outlined, could change depending on the length of time since diagnosis.

\_\_\_\_\_ I agree to diagnostic procedures and dental treatments, which includes dental x-rays, as deemed necessary and desirable for the above named patient.

\_\_\_\_\_ I understand that all copays/fees are due the day of service. Payments made by credit card must be made in person by the card holder and cannot be made over the phone.

### 2. Authorization to Treat a Minor *with a Family Member or Personal Representative Present*

\_\_\_\_\_ I authorize the following named person(s) to authorize treatment for my child by this facility. I understand that I am responsible for services rendered for treatment and payments authorized by my personal representatives. I understand that I may terminate this authorization form. I must notify this office in writing regarding termination and effective date.

Representative: \_\_\_\_\_

Relationship: \_\_\_\_\_

Representative: \_\_\_\_\_

Relationship: \_\_\_\_\_

Representative: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature of PARENT or GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

Name of PARENT or GUARDIAN: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_