

INFORMED CONSENT

Permission for Dental Examination and/or Treatment of a minor

I am the parent or guardian of _____
who is a minor child, and I do hereby authorize and consent to any x-ray, examination,
anesthetic, sedative, or dental treatment under the general, direct, or indirect supervision
of Dr. _____ and his/her associates, staff members, or
agents, as he/she may deem necessary.

This authorization will remain in effect until cancelled in writing by me.

Parent Signature _____ Date _____
Witness _____