



PERMISSION FORM

RE: Patient name: _____

DOB: _____

I, _____ [legal guardian name], give permission to
_____ [liason name(s)—*must be
over age 18*] to bring my child _____ [patient name] to future
dental appointments. As the legal guardian, I will sign all necessary consent forms and
treatment plans. I am, also, fully aware that treatment and fees may change and
remaining balances are ***expected to be paid in full at the time of service***. If a change
occurs in the treatment plan, I am aware that the office will call me so that I can give
verbal consent for the changes. Here is the phone number that I can be reached:
_____.

Legal Guardian signature: _____ **Date:** _____