



**Consent to Treat Minor Without Parent/Legal Guardian Present**

To allow for treatment of patients who are considered minors, it is necessary for a parent or legal guardian to give consent for treatment. If a minor child presents for an appointment without a parent or legal guardian or a signed consent, treatment may be denied.

Patient's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

I consent for my minor child to have routine dental care, which may include, but not limited to, dental examinations, prophylaxis (cleaning), fluoride treatment, x-rays.

I can be reached at the following number if there are any questions: \_\_\_\_\_

Being the parent, guardian, or other person entitled to legal custody, I authorize Northwoods Dentistry to provide treatment and will be responsible for any bill incurred on the above child for dental treatment rendered.

This authorization will remain in effect until termination in writing, by the parent, guardian, or other person entitled to legal custody of this minor.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date