

Dental Examination and Treatment of a Minor

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Chart #

I am the parent or legal guardian of _____
who is a minor child, and I do hereby authorize and consent to any x-ray, examination, anesthetic, sedative, or dental treatment rendered under the general, direct, or indirect supervision by Arundel Mills Dental Group, its dentist, its staff members, or agents, as may be deemed necessary.
This authorization will remain in effect until cancelled in writing by me.

Print Patient Name

Parent/Guardian's Signature

Date

Witness Name

Witness's Signature

Date