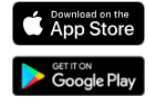


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For PC and Mac



For phone and tablet



Attendee Authorization Form

Parents: Please make arrangements to ensure that all co-payments and non-covered services are paid at the time services are rendered.

I _____, am the

Natural or Adoptive parents of
Guardian of
Person who, under court order, is authorized to give consent for

the minor, _____

I, hereby, give _____ (print name of person to whom authority is delegated)

Authorization to approve any treatment the above named minor may need during his/her dental visits in your office. The relationship of this person to the minor is:

- Grandparent
- Adult brother or sister
- Adult aunt or uncle
- Step-parents
- Another adult who had care and control of the above named minor

Date: _____ Phone number: _____

Name of Parent or Guardian: _____

Signature of Patient or Guardian:

Click  icon on the toolbar to add the digital signature. _____