



surprise pediatric dentistry

Minor Consent Form

I _____, am the parent and/or legal guardian of the following minors:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

I give my permission and consent for the following individuals to attend and/or give consent for any dental treatment needed for the above listed minors in my absence:

Name: _____

Name: _____

I understand that this does not negate my financial responsibilities and understand that all treatment cost is my personal responsibility. I further understand that my estimated co-pays are due at time of treatment regardless of who brings my child to the appointment and appropriate payment arrangements have been made prior to the appointment. (I understand that Surprise Pediatric Dentistry, as a courtesy, will bill my insurance for allowed charges, but ultimately all treatment costs are mine alone).

X _____ Date: _____
(Parent/Legal Guardian)

X _____ Date: _____
(Witness)

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