

mary anne d. forni dmd
dentistry for children

Authorization – Dental Care of a Minor when a Parent is not present

Patient: _____ Date of Birth _____

Person(s) I authorize to accompany my child:

Name _____ Relationship to Child: _____

Name _____ Relationship to Child: _____

I _____ authorize my care-taker to bring my minor child to Mary Anne D. Forni DMD to provide treatment to my child that I have previously consented to. I understand this form does not permit the caretaker to consent to treatment on behalf of a legal guardian. I understand that only a legal guardian may consent to treatment for my child.

If treatment consent, that has not been previously diagnosed and accepted by a legal guardian authorized as such with this practice, is required at an appointment in which a care-taker is accompanying my minor child, the legal guardian will be contacted prior to proceeding with the treatment plan. If the legal guardian cannot be reached to provide treatment consent, the treatment will not be performed.

This authorization will remain effective unless terminated by written notice.

Phone number where parent can be contacted during treatment, if needed:

Home: _____ Work: _____ Cell: _____

Signature of parent or legal representative

Date

Relationship to Patient