

PERMISSION FOR ALTERNATE CAREGIVER

PLEASE NOTE: Due to patient confidentiality and safety, Riverside Family Dental will only be able to see the patient:

- 1. If the guardian is with the patient; or
- 2. If the person bringing the patient in to be seen is listed in the Alternative Caregiver section below.
- 3. MUST have driver's license, state issued ID or passport as proof of your identity.

| The people listed below have my permission to bring | | | (Patient's name |
|---|------|--------------------------|-----------------|
| to Riverside Family Dental for treatment. | | | |
| Signature of Guardian | Date | Time | |
| Witness Signature | Date | Time | |
| 1. Name: | | Relationship to Patient: | |
| Address: | | Phone Number: | |
| 2. Name: | | Relationship to Patient: | |
| Address: | | Phone Number: | |
| 3. Name: | | Relationship to Patient: | |
| Address: | | Phone Number | |

Per your request this form may be revoked at anytime and expires annually

...MAKING A DIFFERENCE IN OUR PATIENTS' LIVES AND IN OUR COMMUNITY!