



TREATMENT WITHOUT PARENT/GUARDIAN CONSENT FORM

I, _____, give Middleton Family Dentistry permission to
(Print Parent/Guardian First & Last Name)
treat the minor patient, _____, while I am not present.
(Print Minor Patient's First & Last Name)

The individual(s) permitted to bringing the minor patient to the appointment, other than myself, is/are:

_____	_____
(Print First & Last Name of Adult Accompanying Minor Patient)	(Relationship to Minor Patient)
_____	_____
(Print First & Last Name of Adult Accompanying Minor Patient)	(Relationship to Minor Patient)

I also give the listed individual(s) permission to make decisions regarding the minor patient's dental treatment including, but not limited to x-rays, prophylaxis (cleaning), fluoride, operative work, and the use of nitrous gas.

Contact Information

Parent/Guardian First & Last Name: _____

Contact Info: (Cell) _____ (Home) _____
(Work) _____ (E-mail) _____

I hereby acknowledge that I have read & understand this consent & the meaning of its contents. All questions have been answered in a satisfactory manner & I believe I have sufficient information to give informed consent for treatment. I further understand that this consent shall remain in effect until terminated by me.

Parent/Guardian Signature: _____

Relationship to Minor Patient: _____ Date: _____