

Dansville Dental Professionals, LLP

Permission Slip - Unaccompanied Minors - Consent for treatment

In an effort to provide you with the convenience of treating your minor without requiring you to be physically present in the office during treatment, we kindly request that you complete the following form FOR EACH VISIT or series of appointments, before the visit.

Child's Name _____

Appointment date and time _____

Purpose of appointment _____

Services that you are requesting we provide to your minor:
(PLEASE INITIAL - DO NOT CHECK)

_____ dental/oral **exam** as needed based upon the professional judgment of the dentist.

_____ dental **x-rays** as recommended by the dentist

_____ **Fluoride** treatment as recommended by the dentist

_____ Pit and Fissure **Sealants** as recommended by the dentist

_____ **Fillings** as recommended by the dentist:

_____ With local **anesthetic** (lidocaine) if necessary

_____ Preference for **silver or tooth colored** – circle preference (if no preference is marked the dentist will use his/her professional judgment.)

_____ Specific treatment limits apply

_____ Limit fillings to _____ in number or less.

_____ Limit estimated payment due after insurance coverage to \$ _____ or less

_____ **Other** (specify) _____

I hereby authorize Dansville Dental Professionals, LLP to provide the above initialed services. I certify that the minor's health history information has not changed since I last updated the history form and I accept responsibility for notifying you of any health changes between the time that I sign this permission slip and the time that the actual services are provided.

Adult that I authorized to make treatment and financial decisions for this minor who will be available during this appointment time is:

Name _____ telephone number to use during this appointment _____

Parent or Guardian Signature

Date

Printed Name and relationship to minor