



TriState Family Dental Centers

A Professional Corporation

Established in 1971

Consent to Dental Treatment – Patient Under Age 18

Child's full name: _____ Age: _____ Account #: _____

Parent/Guardian Information:

Name (Both Parents): _____

Home Phone: _____

Business Phone: _____

Cellular Phone: _____

Address: _____

The undersigned, parent/guardian of the child, hereby consents to the provision of dental care and treatment to the child by TriState Family Dental Centers. The undersigned parent/guardian also agrees to be fully responsible for the payment of all charges for such dental treatment and agrees to pay for the treatment in accordance with the policies of TriState Family Dental Centers.

Select one:

_____ This consent is ongoing, and shall remain in effect until revoked in writing by the undersigned. The undersigned also represents and warrants to TriState Family Dental Centers that such parent/guardian is empowered to consent to this dental treatment, and is not subject to any court order regarding the care or custody of the minor child, which would require the consent of any other parent or any third person, including any guardian or health-care representative

_____ This consent is for treatment on: _____ (Date)

For the following treatment: _____

_____ (Check only if applicable) The undersigned is the guardian/health care representative of the minor child listed above and has been appointed pursuant to i.c.16-36 and attaches a copy of the document establishing such power. The guardian consents to the treatment checked above and agrees to be fully responsible for payment of all charges.

Parent/Guardian Signature

Date