



Parental Consent Form

Today's Date _____

To Whom It May Concern:

My minor daughter/son _____, has my permission to be treated in the office today.

I give permission for fluoride Y___ N___

I give permission for x-rays Y___ N___

I have sent a means of payment today with my child.

Thank you,

Parent Name: _____

Phone to reach parent at appt time _____

Parent Signature _____