



75 John Roberts Rd  
Suite 10B  
South Portland, ME 04106

I, \_\_\_\_\_, give my consent to have \_\_\_\_\_  
( parent/legal guardian ) ( person accompanying child )

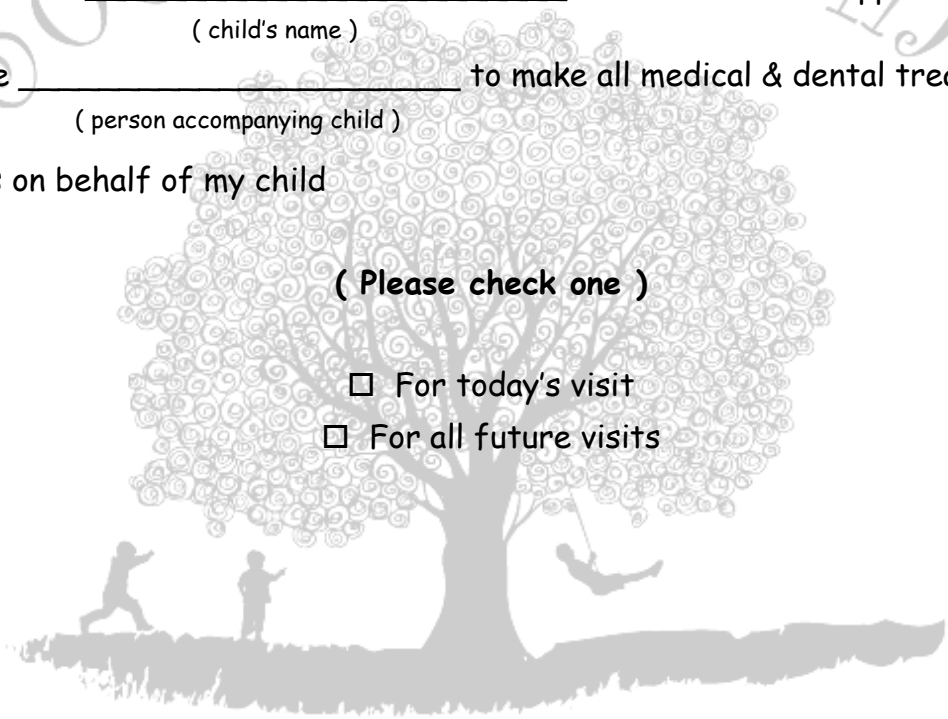
bring my child \_\_\_\_\_ to his/her dental appointment. I  
( child's name )

authorize \_\_\_\_\_ to make all medical & dental treatment  
( person accompanying child )

decisions on behalf of my child

( Please check one )

- For today's visit
- For all future visits



\_\_\_\_\_  
( Parent/Legal Guardian Signature )

\_\_\_\_\_  
( Date )

*Pediatric Dentistry*