



GUARDIAN AUTHORIZATION FORM

CONSENT WITHOUT A LEGAL GUARDIAN

Please complete this form if you authorize another person(s) (anyone other than a parent/legal guardian) to attend appointments with your child.

If a patient will be attending appointments alone please also list their information in the authorized person(s) section below.

Patient's Name: _____	DOB: _____
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I authorize the person(s) listed below to accompany my child to his/her dental appointment:

Authorized Person's Name, Phone Number, and Relation: _____

Authorized Person's Name, Phone number, and Relation: _____

Are there any medical history conditions and updates we should know about (include surgeries in the past 2 years, if any pin/screw/plates are present, heart conditions & all known allergies)? _____

I agree to the following treatment to be performed in my absence:

- | | | | | |
|---|--------------|-----|---|----|
| Examination, Radiographs, Cleaning, Fluoride: | (circle one) | YES | / | NO |
| Restorations/Fillings: | (circle one) | YES | / | NO |
| Sealants: | (circle one) | YES | / | NO |
| Emergency treatment as necessary: | (circle one) | YES | / | NO |

We highly recommend that parents be present at extraction or nitrous oxide appointments. If you are unable to attend these appointments please call us to request a separate consent form via text or email or fill out the forms via the Modento App. You may also go to our website, www.duxburychildrensdentistry.com, to print and fill out the corresponding consent forms and send them along with your caregiver or fax to (781) 934-7125. A separate consent form is needed for extractions, nitrous oxide and silver diamine fluoride each visit.

I give permission for the dentists (Dr.Joy John, Dr.Kierstin Kerr, Dr.Amanda Peer and Dr.Lauren Murphy) to make minor changes to the treatment plan should it be necessary for the health or well-being of the child. We will make an effort to contact you at the provided number below if an unexpected change occurs. If we cannot reach you we may need to book additional appointments for your child to complete the work. I understand this consent without a legal guardian form will remain in effect until revoked in writing.

Co-Pays & fees are due at the time of service. Please arrange payment prior to the visit.

Parent/Legal Guardian Signature: _____ Date: _____

Phone number (of Parent or Legal Guardian): _____