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Authorization for Dental Treatment for Minors

Name of Minor

Birthdate

I, being the legal guardian of the above named minor, do hereby allow:

Name: _____ Relationship: _____ Date: _____

To act in my behalf in authorizing dental care for the above named minor during my absence from and when I am unable to accompany my child to his/her dental appointment.

Parent/Guardian

Parent/Guardian

Signature _____ Signature _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Date _____ Date _____