

Consent to Treat Minor Without Parent/Legal Guardian Present  
Craig Valentine, DMD/Rachel Yopp, DMD/Courtney Mayor DMD/  
Erica Thomas, DMD

310 E Highland Dr, Lakeland, FL 33813

Patient's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

To allow for treatment of patients who are considered minors, it is necessary for a parent or legal guardian to give consent for treatment. In the event that a minor child presents for a non-urgent appointment without a parent or legal guardian or a signed consent, treatment may be denied.

To Consent To:

\_\_\_ Emergency or urgent care when I cannot be reached.

\_\_\_ Routine dental care. Which may include (not limited to): Dental examinations, prophylaxis (cleaning), fluoride treatment, X-rays, restorative (fillings, crowns, etc), surgical (extractions, etc), and all other treatment previously discussed and agreed upon by the parents/legal guardian.

I can be reached at the following **phone number** if there are any questions: \_\_\_\_\_

I/We \_\_\_\_\_ (**printed parent/guardian name**) authorize Craig Valentine, DMD/Rachel Yopp, DDS/Courtney Mayor, DMD, Erica Thomas DMD to provide treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date