

Preauthorization to Treat Minors Consent Form

Purpose: This form may be use to allow minors (17 or younger) to receive dental care at Holehouse Center for Complete Dentistry, PL without a parent or proxy present. **THIS MUST BE FILLED OUT FOR EACH DATE OF SERVICE.**

AUTHORIZATION:

I understand that my presence is necessary for my child's initial exam and for any major dental care.

I have the legal right to preauthorize the Holehouse Center for Complete Dentistry, PL, the dentist, and his personnel to deliver dental treatment and services to my child. Dental care and interventions may include, but are not limited to: x-rays, dental cleanings, fluoride treatments, preventive and restorative dental treatments.

Name of Patient (minor): _____ DOB: _____

LIMITATIONS:

I, as the legal guardian, specify below any limitations on the kinds of dental services to be provided to my child or time constraints in the treatment of my child, for which this authorization is given. (If none, state "none"):

Parental contact information for questions regarding treatment of the minor child: Please identify which phone number to be called first.

Parent's Name _____ Daytime Phone _____

Evening Phone _____ Cell Phone _____

PAYMENT INFORMATION:

Name on card _____ AX DSCVR MC VISA CARE CREDIT

Card # _____ Expiration date _____ Vcode _____

Amount Estimated to be charged today \$ _____ Please call guardian if this amount changes Y N

I hereby indemnify and hold harmless Holehouse Center for Complete Dentistry, PL and all their officers, agents, employees, insurers, successors, assigns and attorneys from any and all liability for acting in reliance on this authorization. I also agree to accept financial responsibility for all care and services delivered pursuant to this authorization. This authorization is valid for one year (1) following the date signed below unless withdrawn in writing to Holehouse Center for Complete Dentistry, PL or restricted by time frame as noted above.

(Signature of Parent of Legal Guardian)

(Date)