



## CONSENT FORM FOR UNACCOMPANIED PATIENT

It is the policy of Belterra Kids Teeth that patients be accompanied by a parent or legal guardian for their dental visits. However, we understand that there may be times when it may be impossible to accompany your child for routine checkups, cleanings, exams and treatment. By completing the information below, you agree that:

As the parent or legal guardian, I understand that I am still responsible for the consent of treatment and financial obligations that accompany my child(ren)'s dental care even in my absence. If I am not present during an appointment I authorize the indicated procedures to be performed as deemed necessary by the dentist:

- X-rays and Examination
- Dental cleaning and Fluoride Treatment
- Treatment that has already been discussed and previously consented to

I understand that all of the above are the standard of care in pediatric dentistry. It is my responsibility to inform the staff if I choose to decline any of the above treatments. It is my responsibility to inform the office of any changes in my child's medical status.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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As parent/legal guardian, I give consent for my child to be treated in my absence. I understand that I can revoke this authorization at any time.

Parent's name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This consent expires in 3 years unless revoked in writing. This form may be reviewed and extended every three years signing below:

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_