HENRY DELCLOS, D.D.S., P.C.

Consent for Appointment/Treatment without Presence of Parent or Guardian

(Custodial Parent/Guardian MUST be present for New Patient Appointments)

By law, any child under the age of 18 years old can not be seen by a doctor without consent from the parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

You may appoint anyone who is over the age of 18 years of age to be responsible for your child when you are unable to accompany them to their medical appointment.

I give permission for my child or children:

_____ _____
Name Date of Birth

_____ _____
Name Date of Birth

to be accompanied to the office of Dr. Henry Delclos by

_____ _____
Name Relationship to Patient

for treatment. This consent will remain in effect until modified or revoked by me, the above named custodial parent/guardian.

_____ Initial here if you wish to give consent for the minor above 16 years old to receive dental care without an accompanying adult, which shall be in effect for: _____ days only, or
_____ (initial here) indefinitely, until revoked by written communication.

Please be advised that we will not be able to perform any invasive procedures unless a parent or legal guardian accompanies the minor to their appointment. If such services need to be performed, another appointment will need to be scheduled in which the parent or legal guardian must be in attendance.

It is the policy of this office that the adult presenting the child for treatment, or the child if they are seen without an adult present, is responsible for payment of the patient portion at the time of service.

I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

_____ _____ _____
Parent/Legal Guardian Signature *Relationship to Patient* *Date*

_____ _____
Phone *Email (optional)*

Please use a separate form for each person that is being granted permission to bring patient in for office visits after the initial new patient visit.

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I, _____, have agreed to ___ modify or ___ revoke the above Consent to Treatment without Presence of Parent/Guardian clause.

_____

Parent/Legal Guardian Signature

_____

Date

_____

Office Employee (Witness)

_____

Date

Please use a separate form for each person that is being granted permission to bring patient in for office visits after the initial new patient visit.