



Thai-An Doan, DDS
Board Certified Pediatric Dentist
PLANTING THE SEEDS
FOR GOOD ORAL HEALTH

Non-Parent/Guardian Accompanying a Minor Patient Consent Form

I, _____, authorize _____ to bring my child/children,

_____ /
for their dental visits and to make treatment decisions, financial arrangements and payments.

Authorized person's relationship to patient: _____

Signature of Legal Parent/Guardian _____ Date: _____