

John A. Hendry, D.D.S.
Kathleen Adley Darnall, D.D.S.
A PROFESSIONAL DENTAL CORPORATION

Authorization for Dental Treatment

When completing this form, you are authorizing someone other than the mother/father or legal guardian to bring the patient to an appointment in our office. You are authorizing this person(s) to give consent for dental treatment in your absence. Please list any person that could possibly bring the child (including older siblings). If for any reason, a non-listed individual brings the child to an appointment – we will not be able to proceed with treatment and the appointment will need to be rescheduled.

I, _____ as parent/guardian of _____ a minor child
(your name) (child's name)

authorize:

_____	_____
(name)	(relationship to child)
_____	_____
(name)	(relationship to child)
_____	_____
(name)	(relationship to child)
_____	_____
(name)	(relationship to child)
_____	_____
(name)	(relationship to child)

to provide consent and authorization to Dr. John A. Hendry, Dr. Kathleen Adley Darnall, their agents, servants and employees to render treatment to the above named child.

Parent / Guardian Signature

Witness

Date