

Alsbury Dental Care

699 NE Alsbury Blvd.
Burleson, Texas 76028
Phone: 817-295-3070
Fax: 817-295-3250

Minor Consent Form Dentist

My child, _____, has an appointment for dental treatment with their Dentist on, _____. This appointment includes previously diagnosed treatment by their Dentist that has already been authorized by the parent/guardian. It may also include additional radiographs, localized anesthesia, and nitrous oxide. If there is a change in treatment once it has started we will move forward with what is in the best interest of the patient. If this concerns you then we ask that you stay with your child during the duration of treatment.

I, _____, authorize Alsbury Dental to treat my child without my presence and give my full permission to perform all necessary dental treatment.

I will also leave current contact information in the event that an emergency should arise.

Emergency Contact Name: _____

Relationship to Patient: _____

Home Phone: _____

Cell Phone: _____

Signature of Parent/ Guardian: _____