

Alsbury Dental Care

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

Minor Consent Form Hygiene

My child, _____, has an appointment for a dental check up with their hygienist on, _____. This appointment may include cleaning, x-rays, examination, and any other preventative treatment necessary for proper care.

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

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: _____