

# McNiel Family Dentistry, PC.

http://jmcnielfamilydentistry.com  
info@jmcnielfamilydentistry.com

1905 Abbot Rd. • East Lansing, MI 48823

(517)351-6140

## CONSENT FOR DENTAL TREATMENT OF MINORS IN ABSENCE OF PARENT/LEGAL GUARDIAN (Please fill out one form per child)

I, \_\_\_\_\_, give McNiel Family Dentistry permission to treat my child, \_\_\_\_\_, while I am not present. The individual/individuals bringing my child to their appointment are listed below and are at least eighteen years of age.

Accompanying Adult:

\_\_\_\_\_  
\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Accompanying Adult:

\_\_\_\_\_  
\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

My child is of legal driving age and may be unaccompanied to dental appointments.

**\*\*\*Please Note: McNiel Family Dentistry must be notified, in writing, anytime there is a change in health or medication.\*\*\***

Are there changes in my minor child's health or medication? If "Yes", changes are noted in the space provided below.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**I give my authorization for the following dental treatment and agree to pay for all services provided to my child:**

- |  |   |
|--|---|
| <input type="checkbox"/> Hygiene Visit | <input type="checkbox"/> Exam   |
| <input type="checkbox"/> X-Rays        | <input type="checkbox"/> Fluoride                                       |
| <input type="checkbox"/> Sealants      | <input type="checkbox"/> Emergency Dental Treatment such as Extractions |
| <input type="checkbox"/> Fillings      | <input type="checkbox"/> Crowns   |
| <input type="checkbox"/> Bitesplint    | <input type="checkbox"/> Other (Noted Below)                            |

\_\_\_\_\_  
\_\_\_\_\_

This authorization will remain in effect one year from the date it is signed unless revoked in writing and submitted to McNiel Family Dentistry prior the minor child's appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be returned to the office prior to your child's dental appointment. If no parent or guardian is present and no authorization has been received, your child will not be seen and you may be charged for the reserved time. Charges will not be covered by insurance. If you have any questions please call the office. PHONE: 517-351-6140 EMAIL: info@jmcnielfamilydentistry.com FAX: 517-351-4533

Response Date: \_\_\_\_\_