

Adult Consent Form

I, _____, authorize the following people to accompany
parent/guardian's name
and discuss dental treatment for _____, on _____.
child/minor's name appointment date

Authorized Person 1: _____ Relationship to Patient: _____

Authorized Person 2: _____ Relationship to Patient: _____

Authorized Person 3: _____ Relationship to Patient: _____

Authorized Person 4: _____ Relationship to Patient: _____

Authorized Person 5: _____ Relationship to Patient: _____

Signature: _____ Date: _____

Relationship to Patient: _____