



Brent Sorenson, D.D.S.

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**Authorization For Dental Treatment of a Minor Without
Parent/Legal Guardian Present**

We at Sawtooth Dental, understand that from time to time you may not be able to bring your child to their dental appointment. However, a parent/legal guardian must accompany minors seeking any dental treatment for their initial office visit. After the initial appointment, a minor may be seen for treatment only with written authorization from the parent/guardian under the conditions specified in this consent.

- I consent to Emergency or urgent care when I cannot be reached.
- I consent to routine dental care, which may include, but is not limited to the following: dental exams, prophylaxis (cleaning), fluoride treatment, x-rays, fillings, root canals, crowns, any and all other treatment previously discussed and agreed upon by the parents/legal guardian.
- I will provide new medical history for the minor if any changes since last dental visit.
- I will provide/update new insurance.
- This consent confirms that I have reviewed the Authorization & Release, HIPPA, and Financial Agreement. Form can be found on our website @ Sawtoothdental.com under the Patient Station Tab.
- I understand this consent will be valid for one year or until I rescind this agreement in writing.
- I understand I am responsible for all charges or fees incurred and co-payments must be made at the time of service as our financial policy states. We will gladly process payments over the phone if a credit card is used.

I, _____, am the parent/legal guardian of the minor child,
_____. I have the legal right to consent for medical treatment for this patient. I
hereby Authorize Sawtooth Dental to provide dental treatment as described above.

Minor's Name _____ DOB _____
Relationship to Minor _____

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

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1437 Parkview Drive
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