



Release Form to Accompany Child to Appointment

THIS EXCLUDES SEDATION APPOINTMENTS!

I _____, authorize the following people to accompany and discuss dental treatment for _____.

Patient Name

1. _____ Relationship to Patient _____
2. _____ Relationship to Patient _____
3. _____ Relationship to Patient _____
4. _____ Relationship to Patient _____
5. _____ Relationship to Patient _____

I understand that payment is due at the time of service and that payment has been arranged by accompanying adult.

Signature _____ Date _____

Relationship to Patient _____

NOTE: PHOTO ID IS REQUIRED FOR EACH PERSON AT THE TIME OF VISIT.