PREMIERE DENTISTRY OF TAHLEQUAH
1205 E Ross Bypass - Tahlequah, OK 74464
Ph: (918) 456-2555 Fax: (918)456-2444
premieredentistry@yahoo.com
Mark D. Smith, D.D.S. Matthew B. Hodgson, D.D.S.

AUTHORIZATION FOR TREATMENT OF MINOR

I hereby authorize and give permission to:

Name(s): _____
person(s) bringing patient(s) to appointments

Relation(s) to Patient: _____

to take my children to Premiere Dentistry to seek dental treatment. This authorization will also give permission to person(s) named above to sign the specific treatment consent forms and treatment plans that are required.

This authorization applies to the following patients:

Name: _____ DOB: _____ Use Nitrous? Yes/No (circle)

Name: _____ DOB: _____ Use Nitrous? Yes/No (circle)

Name: _____ DOB: _____ Use Nitrous? Yes/No (circle)

Name: _____ DOB: _____ Use Nitrous? Yes/No (circle)

Name: _____ DOB: _____ Use Nitrous? Yes/No (circle)

Name: _____ DOB: _____ Use Nitrous? Yes/No (circle)

If needed, where can we contact you from 8-5?

_____

Parent/Guardian giving permission:

_____
Printed Name Signature Date