Dental Care for Kids

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Authorization for Dental Care on a Minor

I authorize dental treatment to be rende	ered on my child/minor,	without my
	I understand that if changes in treatment, complic	
Dental Care for Kids will attempt to co they will consult with whoever has acc comfort of my child until I can be reach	ontact me. However, I understand that in the ever companied my child to determine the treatment the hed. This may result in limited or no treatment be Dental Care for Kids team to take any emergence	nt that they are unable to reach me, nat is best to insure the health and eing completed during that visit. In
	parent or legal guardian of	
	g my child to his/her dental visits and make any d	
1 still retain the authority to approve or appointment either in person or by pho	r decline treatment to be rendered and will make one consent.	that designation clear before the
Patient Name	Signature of Parent/Guardian	Date
your child to their appointments. If you	ame of any step-parents, grandparents, or other parents do not accompany your child to their visit and the ded. This form will be considered relevant until nor Kids.	the adult accompanying them is not
Ack	nowledgement of Practicing Provide	e <u>r</u>
We at Dental Care for Kids could not be dentist and has no certification in the sp	be more pleased to have Dr. Amy Wyatt working pecialty of pediatric dentistry.	with us. Dr. Wyatt is a general
Signature of Parent/Guardian	Date	
	Photographs/Videotaping	
appreciate your same respect for us and photos. We also ask that you take no vi	our privacy and will always ask before taking photod expect that you will always ask for our permiss ideos during any of your child's visits. We want to find it difficult to maintain that focus when being	ion before including us in your to put all of our focus on making
Signature of Parent/Guardian	Date	