

*Citrus Dental of Inverness*

Dear Parent,

It is our policy that you be present in our office when your under-aged child is treated. By signing below, you may consent to routine treatment (cleanings, exams, x-rays, fluoride treatment) for your child in your absence, provided the child is over age 14. If your child is dependent on a ride we expect that ride to be available by the time the appointment is finished.

In case a treatment plan results from your child's exam, or other services are recommended, we will discuss those with you.

I hereby give consent for my child/children to receive routine dental care, as noted above. Consent will continue until the child reaches age 18 or until I rescind it.

Child/children's name(s):

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Parent/Legal Guardian

\_\_\_\_\_ (Please Print)

\_\_\_\_\_ Signature

\_\_\_\_\_ Date