

## FEBRES DENTISTRY FOR CHILDREN

### Designation of another Person to Consent for Dental Care

I, (parent/legal guardian), \_\_\_\_\_ cannot accompany my child (child's name), \_\_\_\_\_, to Febres Dentistry for Children. Therefore, I give permission to (person's name) \_\_\_\_\_ as follows (**check one**):

- I give permission for this person to approve dental care (including any type of procedure) and provide consent for such treatment if attempts to contact me are unsuccessful.
- I give permission for this person to approve dental care (including any type of procedure) and provide consent for such treatment without having to contact me.

Remaining Balance will be paid (**check one**):

- Over the phone, using credit card. Parent must be available by phone during the time of the appointment.
- Payment will be sent with caregiver.

Expiration of Permission (**check one**):

- This form will remain in effect until revoked by filling out a written notice.
- This form is VALID ONLY during the following timeframe:

Effective date: \_\_\_\_\_ / Expiration date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of parent or legal guardian) (Date and time signed-required)

Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_