

Patient name
ID Number

Consent for Treatment of Minors

In Parent/Legal Guardian Absence To comply with Oregon law, Behind the Smile requires that a parent (not step-parent/foster parent) or legal guardian (guardian appointed by a court) consent to the care of minor children. In the event that a parent or legal guardian is unable to consent to care the parent or legal guardian may delegate the right to consent to another adult. In the event that a minor child presents for a non-urgent dental appointment without a parent or legal guardian or a signed consent, treatment may be denied.

I/We (parent's name) _____ authorize

Appointee's name(person bring your child to the appointment)_____

Relationship _____

Appointee's address _____

Appointee's phone number _____

to consent to:

Routine Dental care at Behind the Smile including exams, prophylaxis, fluoride, x-rays, lab work and other diagnostic tests, but not including any surgery or other procedures which require anesthesia, except for a local anesthetic and nitrous oxide.

Emergent or urgent care at Behind the Smile when I cannot be reached.

Any and all necessary dental care and treatment at Behind the Smile for my child:

Child's full name _____

During the period:

Date (month/day/year) ____/____/____ to ____/____/____

For a period of one year

Until otherwise notified by the guardian in writing

Behind the Smile providers should attempt to contact me before providing care at the following number:

Home phone _____ Work phone _____ Cell phone _____

I further agree to reimburse Behind the Smile provider for the cost of rendering these services to the extent that my insurance does not pay for these services.

Parent signature (person authorized to consent for patient) Relationship _____

Child's parent/legal guardian address Date (month/day/year) _____