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Permission To Treat

Patients who are under 18 years old are considered minors, therefore it is necessary to have signed permission to treat the child from a parent or guardian with custody of the child. By signing this form, you are confirming you have custody of the child.

I, being the parent of _____, do hereby request and authorize the dental staff of Otero Family, Cosmetic and Implant Dentistry to perform any dental services for my child as deemed advisable by the dentist. I understand that during the treatment, it may be necessary to change or add procedure because of conditions found while working on the teeth. I give my permission to the dentist to make any/all changes and additions they find necessary.

Furthermore, I accept responsibility of any financial obligations incurred for treatment of this patient and I understand that payment is due when services are rendered.

I also understand that I must be available during the entire length of my child's dental procedure in case a question or medical emergency arises. If my child comes to his/her appointment without me, or if I choose to leave the office during my child's treatment, I will be accessible by phone at the following number:

Childs Name: _____

Parent's Name: _____

Parent's Signature: _____

Relationship to Child: _____

Date: _____