

Minor Consent Form

Chain of Lakes Dentistry
1805 Maguire Rd. Ste 159
Windermere, FL, 34786
(407)876-6708

I, _____, give Chain of Lakes Dentistry permission to treat my child

_____, while I am not present.

I give consent for the following treatment to be done on the following date

I give permission for the following person to make decisions for my child based on my behalf:

Relationship to child: _____

Parental contact information for questions regarding treatment of the child:

Parent's Name: _____

Phone Cell number: _____

Signature of parent/guardian

Date