

Loree Schweiger Nicholas D.D.S., P.C.

Authorization to Treat a Minor

Loree Schweiger Nicholas D.D.S., P.C. suggests that parents or guardians with minor children complete this Consent to Treat Minor Form. This gives legal permission to treat your child if you cannot accompany your child.

The law requires that we receive permission from a parent or guardian before treatment if it is not life threatening.

This authorization will remain in effect until revoked in writing by parent/guardian.

This authorization shall remain a permanent part of my child's Loree Schweiger Nicholas D.D.S., P.C. dental record.

I, _____

Parent(s) or Legal Guardian-Please Print

give permission to: Loree Schweiger Nicholas D.D.S., P.C. to provide dental

care for my child _____.

It is without pressure or coercion that I sign this consent.

Signature: _____ Date: _____

Parent/Legal Guardian

Signature: _____ Date: _____

Parent/Legal Guardian

Witness: _____ Date: _____

Dental Staff