



Representative Authorization for Minors

For the minor named _____ date of birth _____
(Hereafter known as the "Minor")

I, _____ the Parent or Court Appointed Legal Guardian
hereby authorize the following responsible adults to accompany the Minor to appointments for dental care:
(Hereafter known as a "Representative")

NAME	RELATIONSHIP	DATE
NAME	RELATIONSHIP	DATE
NAME	RELATIONSHIP	DATE

I also consent for a Representative to act on my behalf with all authority that I have as the minor's parent/guardian, including all medical and dental decisions associated with the Minor's care. I understand that any decision made by a Representative that incurs an expense will ultimately be my financial responsibility as the Minor's parent/legal guardian, and agree to pay all balances in accordance with the financial policy set forth by Smilebuilderz. I am aware that any treatment that requires my presence as requested by the doctor will not be performed until I can be physically available to consent. I agree to make myself available to be reached at the phone number below during any appointment where I will not be present. I understand that it is my obligation, not that of Smilebuilderz, to ensure that any person accompanying the patient identified above to an appointment is a responsible adult who will remain inside the office while the child is being seen, and safely transport the patient to and from the appointment.

Signature of Minor Patient's Parent/Legal Guardian

Phone Number

Printed Name of Minor Patient's Parent/Legal Guardian

Date

Witness Signature

Date