



Rand Center for Dentistry

Elliot J. Rand, D.D.S.
General, Laser & Cosmetic Dentistry • Lic. #D1 16358

AUTHORIZATION FOR A DESIGNATED ADULT TO CONSENT FOR AND ACCOMPANY A MINOR PATIENT

(This form must be signed in the Dental Clinic or in front of a Notary Public)

I, _____, the father/mother/legal guardian of _____
(name of parent/guardian) (circle one) (name of child)
authorize _____ to accompany my child (or legal ward for whom
(adult 18 years or older who will accompany child)

I am empowered) to consent; and to give consent for any necessary dental procedures. This authorization will remain in effect until such time as I give notice of its termination.

Signature of parent/legal guardian

Signature of witness/Notary Public

Date

AUTORIZACION PARA UN ADULTO AUTORIZAR Y ACOMPAÑAR UN PACIENTE MENOR DE EDAD

(Esta planilla debe ser firmada en la clinica dental o frente a un Notario Publico)

Yo, _____, padre/madre/guardian legal de _____
(Nombre de padre o guardian legal) (marque con un circulo) (Nombre de paciente menor de edad)
autorizo a _____ acompañar a mi niño(a) (o el niño(a) de quien
(Adulto de 18 años a mayor quien acompañara al niño(a))

tengo custodia legal) y dar autorizacion para cualquier tratamiento dental que sea necesario.

Esta autorizacion quedara on vigor hasta que yo elija negarlo.

Firma padre o guardian legal

Firma testigo o Notario Publico

Date