



Consent to Communicate with a Non-Parent

We recommend that a parent or legal guardian accompany a child to their dental appointment. This assures that the parent has accurate information on what is being done at the child's dental appointment, as well as the findings from a dental exam.

We understand there may be circumstances when you are unable to accompany your child to their appointment.

Please list any stepparents, extended family members or other individuals other than mother and father who have your permission to bring your child to our office.

Please note that the account holder retains all financial responsibility for the patient.

First and Last name of person authorized:

Relationship to patient:

Phone:

Account Permissions:

- View, edit and discuss account information
- No account permissions

Patient Permissions:

- Accompany to appointments **ONLY**
- Accompany and schedule appointments **ONLY**
- Accompany, schedule and update/discuss medical info
- Accompany, schedule, update/discuss medical info and sign for treatment

Is this an emergency contact for the patient?

Yes No

First and Last name of person authorized:

Relationship to patient:

Phone:

Account Permissions:

- View, edit and discuss account information
- No account permissions

Patient Permissions:

- Accompany to appointments **ONLY**
- Accompany and schedule appointments **ONLY**
- Accompany, schedule and update/discuss medical info
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Is this an emergency contact for the patient?

Yes No

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- Accompany and schedule appointments **ONLY**
- Accompany, schedule and update/discuss medical info
- Accompany, schedule, update/discuss medical info and sign for treatment

Is this an emergency contact for the patient?

Yes No

Parent/Guardian _____ Date _____