



Consent by Proxy for Diagnostic and Preventative Dental Care

This consent by proxy form allows someone other than a parent or legal guardian to bring your child(ren) listed below to their routine dental appointments.

Patient Name

Date of Birth

Patient Name

Date of Birth

Patient Name

Date of Birth

I appoint the following individuals as proxy decision makers for consenting to routine diagnostic/preventative dental services (exams, X-rays, cleanings, fluoride, etc.).

NOTE: A parent/legal guardian must consent to and be present for all other services (surgical, medical, emergency, etc.)

Proxy Name

Relationship to Patient

Proxy Name

Relationship to Patient

Proxy Name

Relationship to Patient

These are the only individuals authorized to accompany your child(ren) to appointments other than a parent or legal guardian. Be advised that protected patient health information may be shared with the proxy to facilitate informed decision making. I have the legal right to delegate consent to the proxy decision maker, who is an adult (18+) and is legally/medically competent to exercise the authority so delegated.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Relationship to Patient

Date

Revised 3/6/18