



**INWOOD
DENTISTRY**

Authorization for Dental Care of a Minor

I authorize treatment/x-rays to be rendered on my child/minor, _____, without my physical presence in the dental office. I have been advised that it is ideal to have a parent/legal guardian present in the office during treatment in case of any complications or medical situations that may arise. With knowledge of this, I authorize **Inwood Dentistry, the office of Matthew Lee Miller D.D.S.**, to take any emergency care/action or precaution deemed necessary. I still retain the right to approve or deny treatment and will make that designation clear before the appointment either in person or by phone consent.

Patient Name

Signature of Parent/Guardian

Date