



CONSENT FOR ALTERNATE CAREGIVER

In my absence, I (parent/legal guardian) _____, hereby give my consent for the following individual/s _____ to consent to dental treatment for the following child/children _____. I understand the caregiver will be required to show a photo ID, have current insurance information and co-payment due for each visit. I also understand that it is my responsibility to notify Coppell Dentistry for Kids in writing, should this consent be revoked.

Parent/Legal Guardian:

Patient/s Name/s:

Date:

Witness:

Sonia G. Louca, D.D.S.
Board Certified Pediatric Dentist

