



CONSENT TO BRING SELF TO DENTAL APPOINTMENT

I, _____ (name), am the parent/legal guardian of _____ (name of minor child) will not be present at my teenager's appointment. In my absence, I hereby give my consent for my teenager, _____ (name of minor child) to bring him/herself to his/her scheduled dental appointment. I agree to have all consent forms, medical history updates, and/or any other forms necessary by Coppell Dentistry for Kids to be signed by me at least 24 hours prior to the scheduled appointment. If a treatment plan is attached, it needs to be signed by me at least 24 hours prior to the scheduled appointment. I also understand that I need to be available by phone in case anything changes in the treatment plan OR in the event of an emergency. A parent or legal guardian must consent to any changes via fax or email if a signature is required at the time of the appointment.

ALL copays must be made at the time of the appointment as our financial policy states. We will be more than happy to process payments over the phone if a credit card is used.

I also understand that it is my responsibility to notify Coppell Dentistry for Kids in the event that I decide to revoke this form.

Parent/Legal Guardian:

Patient/s Name/s:

Date:

Witness:

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

