



R I D G E C O M M O N S

# FAMILY DENTISTRY

4100 S Ridge Rd Suite 103 | McKinney, TX 75070 | P: (972) 972-8782 | F: (972) 972-8784 | hello@rcfdentistry.com

## ABSENT PARENT/GUARDIAN FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_  
Name of Parent/Legal Guardian Name of Patient  
 with DOB \_\_\_\_/\_\_\_\_/\_\_\_\_. I will not be present at my child's dental appointment. In my  
 absence, I hereby give my consent for \_\_\_\_\_  
Name of Patient/Guardian's Substitute Relation to Patient  
 to bring my child to his/her scheduled dental appointment.

I agree to have all consent forms, medical history updates, and/or any other forms necessary by Ridge Commons Family Dentistry 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 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. This consent is valid for one day only.

I understand that ALL copays must be made at the time of the appointment as stated in the financial policy.

### CONTACT INFORMATION For Parent or Legal Guardian

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Patient or Parent/Legal Guardian \_\_\_\_\_  
Date

\_\_\_\_\_  
 Please print name of Patient or Parent/Legal Guardian Relation to Patient

