

Lee Dental

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Consent for Dental Treatment of a Minor

I am the parent or legal guardian of a minor child who is being treated by Lee Dental and I hereby give my consent to any x-ray, examination, or perform dental treatment to my child without my presence. I understand that appointments with the dentist must be attended by a parent or guardian or a designated adult, and I give my permission for the following adult(s) to attend dentist appointments with my child in my absence. I agree to update this list of designated adults as necessary.

I understand I am responsible for all charges or fees incurred and must be made at the time of service. We will gladly process payment over the phone if a credit card is used.

Name of Adult

Relationship to Child

Print Patient's Name

Patient's Date of Birth

Parent/Guardian Signature

Date

I am the parent or legal guardian of a minor child who is aged 16 years old or older. I hereby give my consent to any x-ray, examination, or perform dental treatment to my child without the presence of an adult.

I understand I am responsible for all charges or fees incurred and must be made at the time of service. We will gladly process payment over the phone if a credit card is used.

Print Patient's Name

Patient's Date of Birth

Parent/Guardian Signature

Date