

Dr. Erin Knierim Pediatric Dentistry
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Child Presenting To Dental Services with Another Adult

I _____ (Parent or Guardian) am giving temporary permission to _____ (Name/Relationship to patient) to provide consent for _____ (Patient Name). This includes consent for (invasive/non-invasive procedures).

Invasive procedures include the administration of N₂O/O₂ inhalation sedation, local anesthesia, placement of any type of restoration (not including sealants), or the irreversible removal tooth structure (including extractions). Non-invasive procedures include examination, (initial, emergency or periodic) child prophylaxis (cleaning), diagnostic radiographs, fluoride varnish application, sealant placement and other minor oral procedures.

Child Presenting to Dental Service Alone

I _____ (Parent or Guardian) give permission without my presence to my child _____ (Patient Name) to provide consent for non-invasive procedures. You can contact me directly at _____.

This permission will be valid for ninety (90) days following date of signature.

Date _____

Printed Name _____

Signature _____

Relationship to Patient _____

