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MINOR/CHILD CONSENT

I certify that I am the parent, guardian or personal representative of:

Name of Minor/Child

and there are no court orders now in effect that prohibit me from signing this consent. I do hereby request and authorize the dental staff to perform necessary dental services for the child named above, including but not limited to x-rays and administration of anesthetics, which are deemed advisable by the doctor, whether or not I am present.

Signature of Parent/Guardian or Personal Representative

Date

Name (Please Print)