



Transfer of Consent to Authorized Adult by Parent/Guardian

I (parent/legal guardian) _____ hereby authorize:

Name _____ DOB: _____

to bring my child(ren) to his/her appointments if I am unable to attend:

Child's name _____ DOB: _____

Child's name _____ DOB: _____

Child's name _____ DOB: _____

Child's name _____ DOB: _____

Authorization: treatment

_____ (initials) I authorize the above-named adult to sign consent to the treatment plan previously discussed. If there are changes to the treatment plan, I authorize the adult named above to consent to the changes as deemed necessary by Enjoy Orthodontics and its personnel to deliver dental care to my child.

I understand that medical/dental advice will be relayed on my behalf.

I understand that financial obligations are still due with or without my presence.

I also give authority to make more serious or urgent health care decisions in the event I cannot be reached or in the event of an emergency where there is not sufficient time to seek out my specific consent.

I agree that the signatures and dates on this form will not expire without written notice or when a minor becomes the age of 18 and that a photocopy of this form is considered as valid as the original.

Parent/Legal Guardian signature

Date

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info@enjoyortho.com

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