



Authorization to a minor

I (parent/legal guardian) _____

hereby authorize my child(ren) listed below to bring him/herself to their orthodontic appointments.

I acknowledge that it is my responsibility to call the office to get an update on what happened at the appointment.

I also acknowledge that the follow up appointment will be scheduled and it is my responsibility to call to change it if needed.

Child's name _____ DOB: _____

Child's name _____ DOB: _____

Child's name _____ DOB: _____

Child's name _____ DOB: _____

Authorization: treatment

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

Grandville, MI

4320 44th St SW, Ste 101 – 49418

(616)743-6569

info@enjoyortho.com

Holland, MI

3300 Beeline Rd - 49424

625 Michigan Ave - 49423

(616)392-1435

holland@enjoyortho.com