

Authorization for a minor patient to attend routine appointments without parent/guardian present

I (parent/legal guardian) _____ hereby agree that

(patient) _____ may attend routine appointments without a parent or guardian present.

Routine appointments consist of the following only:

- Regular adjustments
- Bonding additional braces
- Delivering additional aligners
- Retainer check
- Scanning

I agree that a parent or guardian will be present at all other appointments.

I agree that a parent or legal guardian will be available at the phone number or numbers previously provided to Enjoy Orthodontics/Enjoy Orthodontics Holland during all appointments (patient) _____ attends without a parent or guardian.

I understand that if any unanticipated or new problems arise or it is determined that new treatment is needed, Dr. Porto will not proceed with any new or unanticipated treatment without verbal consent of the parent or guardian at a minimum. In some cases, a written signed Consent to Treatment may be required to proceed with any new treatment and/or change the established Treatment Plan.

I understand it is my responsibility to call Enjoy Orthodontics/Enjoy Orthodontics Holland to get an update on what occurred at the appointment if a parent or guardian is not present.

I understand that a follow up appointment will be scheduled at the time of the routine appointment (if no follow up appointment has already been scheduled) and it is my responsibility to call and change the follow up appointment if needed.

I authorize Dr. Porto to provide emergency treatment/measures without the consent of a parent/guardian if the need arises during an appointment when a parent or guardian is not present and cannot be contacted or contact is not practical under the circumstances.

I understand that Dr. Porto may elect to revoke this authorization at any time.

This authorization expires when (patient) _____ turns 18 years of age or it is revoked in writing, whichever comes first.

Parent/Legal Guardian

Date