

MINOR CONSENT FOR TREATMENT FORM

I, _____, authorize and give consent to the office of
(Please Print)

Phillippi & Kwon Dentistry, to update any x-rays that the office feels is necessary, and
apply fluoride to the patient if needed on _____ for
(Appointment Date)

_____. I understand that Phillippi & Kwon
(Patients Name)

Dentistry's office policy still remains the same in that regardless of insurance payments
(if applicable), I am still held responsible for any unpaid balance.

(Signature of Parent)

(Date consent form signed)