



531 W. Kettleman Lane
Lodi, CA 95240

1660 W. Yosemite Ave. #1
Manteca, CA 95337

3633 Bradshaw Rd. #A-D
Sacramento, CA 95827

PARENT/GUARDIAN AUTHORIZATION

Patient Name: _____

DOB: _____

Designated Adult Information

Name: _____ DL/Valid ID#: _____

Address: _____

Cellphone: _____ Email: _____

Relationship with Patient: _____

Signature of Designated Adult: _____

Emergency Contact (If parents are not available): _____

Cellphone: _____ Email: _____

I authorize _____ to make any dental and medical decisions, including accompanying my child to clinic visits and consent to any changes in the treatment plan as they may arise at the time of the treatment, where the minor is not accompanied by either parents or legal guardians, and may not be feasible or practical to contact them. I agree to pay for my portion of the services provided to my child same day, if any, as the treatment is rendered.

Parent/Guardian's Name: _____

Signature of Parent/Guardian: _____

Cellphone: _____ Email: _____