



Orthodontic Appointment Consent

Patient Name: _____ **DOB:** _____

I, _____, am the parent/legal guardian of the above named patient. I have the legal right to consent for dental treatment for this child (patient).

I authorize the following individual(s) to bring the child to his/her dental appointment and to consent to dental care which is deemed necessary by Hansen Orthodontics at the time of the appointment. I understand this delegation includes receiving health information about the minor necessary to make treatment care decisions.

Names of individuals authorized to bring child to appointment:

- | | |
|----------|---------------------|
| 1. _____ | Relationship: _____ |
| 2. _____ | Relationship: _____ |
| 3. _____ | Relationship: _____ |

In my absence, I hereby give my consent for my minor child, named above, to bring him/herself to his/her scheduled appointment. I agree to have all consent forms, medical history updates, and/or any other forms necessary by Hansen Orthodontics to be signed by me at least 24 hours prior to the scheduled appointment. I understand that I need to be available by phone in case anything changes with treatment or in the event of an emergency.

I also understand that it is my responsibility to notify Hansen Orthodontics in the event that I decide to revoke this form and/or make changes to those authorized to bring my child to their appointment.

Parent/Legal Guardian:

Date:
