



Consent for Treatment of Minors In Parent/Legal Guardian Absence

Patient Name: _____ Date of Birth: _____ Age: _____

To allow for treatment of patients who are considered minors it is necessary for a parent (not step-parent/foster parent) or legal guardian to give consent for treatment. In the event that a parent or legal guardian is unable to consent to the care the parent or legal guardian may delegate the right to consent to another adult. In the event that a minor child presents for a non-urgent appointment without a parent or legal guardian or a signed consent, treatment may be denied.

I/We understand that a local anesthetic injection may be given and that in rare situations, patients can have an allergic reaction to the anesthetic, an adverse medication reaction to the anesthetic, or temporary or permanent injury to nerves and/or blood vessels from the injection. I/We understand that the injection area(s) may be uncomfortable following treatment, and that the jaw can be stiff and sore from the mouth being held open during treatment.

I/We _____ (parent's name) authorize the Dentist(s) and the Dental Team at Sameer Kwatra DDS PC to provide treatment at 2970 Prince William Pkwy, Woodbridge VA, 22192.

Appointee's name _____ Relationship _____

Appointee's address _____

Appointee's phone number _____

To consent to:

_____ Emergency or urgent care when I cannot be reached.

_____ Any and all necessary dental care and treatment as determined by the Dentist.

For my child: Child's name _____

During the period:

_____ Date (month/day/year) ____/____/____ to ____/____/____

_____ For a maximum period of 1 year

I can be reached at the following numbers if there are questions:

Home: (____) _____ - _____

Work: (____) _____ - _____

Cell: (____) _____ - _____

I further agree to reimburse the Dental Office for the cost of rendering these services to the extent that my insurance does not pay for these services.

(Signature of Parent/ Legal Guardian) _____

(Print Name) _____ (Relationship) _____

(Child's parent/legal guardian address) _____

(Date) _____