



Susan Blankenship, DMD
Dentistry for Children
And Teenagers

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Consent and Authorization for Minors

By Law, a healthcare provider must attempt to contact a birth/custodial parent or legal guardian prior to rendering treatment to a minor child (a person under the age 18), except those instances where the law recognizes the minor as having the capacity to consent to a specific dental procedure/treatment. It is the policy of Dr. Susan Blankenship to have a signed consent form by the birth parent/ custodial parent or legal guardian of a minor in order for the minor to be seen by Dr. Susan Blankenship for dental treatment. If the minor is brought into the office by someone other than the birth parent/custodial parent or legal guardian, the minor child MUST be accompanied by a note ("Authorization").

Authorization must include the date when it was written, name of the patient, name of the person bringing the child, what the child is being seen for, the birth/custodial parents or legal guardian's signature, copy of the birth/custodial parent/legal guardian's photo I.D., and telephone number where the birth/custodial parent or legal guardian can be reached.

I, _____

PLEASE PRINT NAME OF PARENT/CUSTODIAL PARENT/LEGAL GUARDIAN
(Circle the relationship with patient)

Give consent to the individual (s) identified to bring the minor child to Dr. Susan Blankenship's office and herby authorize Dr. Susan Blankenship to render dental care to my minor child in accordance with the Authorization without obtaining additional consent from me.

PRINT FULL NAME OF MINOR CHILD (PATIENT)

NAME OF PERSON(S) BRINGING THE PATIENT

RELATIONSHIP TO PATIENT

PURPOSE FOR APPOINTMENT

PHONE # WHERE BIRTH /CUSTODIAL PARENT OR LEGAL GUARDIAN CAN BE REACHED

THIS IS CONSENT FOR (CHOOSE ONE BELOW)

SINGLE TIME ONLY DATE: _____

SPECIFIC PERIOD OF TIME: FROM: _____ TO: _____

INDEFINITE PERIOD OF TIME: FROM: _____ UNTIL REVOKED BY ME IN WRITING

SIGNATURE OF BIRTH/CUSTODIAL PARENT OR LEGAL GUARDIAN