



Growing Smiles

OF NORTHERN VIRGINIA

PEDIATRIC DENTISTRY

703-241-KIDS(5437) • www.growingsmilesofnova.com • 80 E. Jefferson Street, Suite 400B, Falls Church, VA 22046

Parents: Please make arrangements to ensure that all co-payments and non-covered services are paid at the time services are rendered.

I, _____ (print name), am the

- Natural or Adoptive parents of
- Guardian of
- Person who, under court order, is authorized to give consent for

the minor, _____ (print name)

I, hereby, give _____ (print name of person to whom authority is delegated)

Authorization to approve any treatment the above named minor may need during his/her dental visits in your office. The relationship of this person to the minor is:

- Grandparent
- Adult brother or sister
- Adult aunt or uncle
- Step-parents
- Another adult who had care and control of the above named minor

Name of Parent/Guardian

Signature of Parent/Guardian

Date _____

Phone number: _____