



Integrity Dental Care

Richard Treharne, DDS
David Kelley, DDS
Danielle Gulis, DMD

Minor Consent for Treatment

I am unable to accompany my child (Name) _____

Date of birth _____ to Integrity Dental Care for their dental appointment scheduled on
(date & time) _____

Are there any changes with minors medical History? (New Diagnosis's, medications, or allergies)

If yes, please list and explain.

I authorize Integrity Dental Care to provide necessary treatment for this child including:

Exam _____ Cleaning _____ Fluoride _____ Sealants _____ X-rays _____ Restorative _____

I (name) _____ accept responsibility for charges incurred for
the above treatment.

**I understand that a parent or legal guardian must be present to give consent and remain at Integrity
Dental Care for the child's initial visit, first cleaning, all extractions, and all root canal procedures.**

Parent/Legal Guardian's Signature: _____ Date: _____

Person who will accompany the child: _____

Their Relationship to patient: _____

Please email, fax or send with child to appointment

Email: info@integritydentalcare.com

Fax: 651-459-9874