

TEXAS TOOTH FAIRIES PEDIATRIC DENTISTRY
Pamela R. Singletary, D.D.S.
Jeffrey B. Gregerson, D.M.D.
3401 El Salido Parkway, Cedar Park, TX 78613
512-401-8888

Consent to Treat Patient – Without Parent/Legal Guardian Present

I have the legal right to authorize the office of Dr. Pamela Singletary, Dr. Jeffrey Gregerson and their staff to deliver dental treatment and services (routine or otherwise) to my child/children. Routine dental care and treatment may include, but is not limited to: dental evaluation/exam, dental x-rays, cleaning of teeth, fluoride application and restorative dental treatment, as needed or previously discussed with me. Furthermore, I authorize Dr. Singletary, Dr. Gregerson and/or their staff to take any necessary, lifesaving, medical measures on behalf of my minor child in my absence.

I, _____, the parent/guardian, give Dr. Pamela Singletary, Dr. Jeffrey Gregerson and their staff members authorization, as listed above, to treat my child/children, (list their names) _____, on the following date(s) _____, in my absence.

Additionally, if the circumstance presents itself, I authorize my child/children, (list their names) _____, to bring him/herself/themselves to their dental appointment, and give Dr. Pamela Singletary, Dr. Jeffrey Gregerson and their staff members authorization to release them at the end of their dental appointment.

I have read and understand what is written above, and voluntarily consent to this authorization.

Parent/Guardian Signature

Date