TEXAS TOOTH FAIRIES PEDIATRIC DENTISTRY
Pamela R. Singletary, D.D.S.
Jeffrey B. Gregerson, D.M.D.
Michelle J. Kim, D.D.S.
Sheetal R. Asher, 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, Dr. Michelle Kim, Dr. Sheetal Asher 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, Dr. Kim, Dr. Asher 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, Dr. Michelle Kim, Dr. Sheetal Asher 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, Dr. Michelle Kim, Dr. Sheetal Asher 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

PLEASE EMAIL BACK TO US: front@secure.texastoothfairies.com