

Parent/Guardian Permission Form

**Rochester Pediatric Dentistry
1705 South Broadway Suite B
Rochester MN 55904
507-288-0102**

This permission form is to be completed when the parent/guardian will not be present during the child's scheduled appointment at Rochester Pediatric Dentistry. Please fax (507-252-1445), email (info@rochestermnpediatricdentistry.com) or present the completed and signed form on the day of appointment.

I, _____, parent / guardian of _____,

give my permission to (name of person) _____ to:

Please select from the following:

- ☐ Bring Patient to Their Appointment
- ☐ Authorize Dental Treatment (provide informed consent)
- ☐ Discuss Protected HIPPA Information
- ☐ Schedule Future Appointments

Signature of parent / guardian _____

Date _____ valid until _____