



Minor Child Consent

Certification

To the best of my knowledge, the information provided on this form is complete and correct. I understand that it is my responsibility to inform my doctor if my minor child ever has a change in health.

Minor Child Consent

I am the parent, guardian, or personal representative of _____
Print name of minor child

and there are no court orders now in effect that prohibits me from signing this consent. I do hereby request and authorize the dental staff to perform necessary dental services for the child named above, including but not limited to x-rays, and administration of anesthetics, which are deemed advisable by the doctor, whether or not I am present when the treatment is rendered.

Insurance Assignment

I certify that my dependent(s) is covered by my insurance with _____
Print name of insurance company(ies)

and assigned directly to Dr. Razzano, all insurance benefit, if any, otherwise payable to me for the services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above-named doctor may use my minor/child's health care information and may disclose such information to the above named insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Signature of patient's parent, guardian or personal representative

date

Print name as signed above

relationship to patient