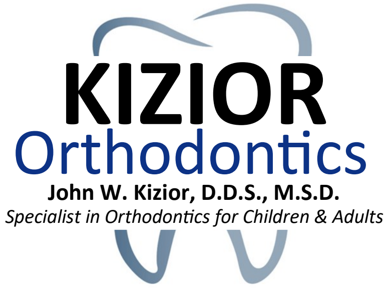


***An adult must accompany minor children to the New Patient Consultation. Please complete this permission slip if you, as the parent or guardian, are unable to be present at the scheduled orthodontic appointment.***

## Consent to Treat Patient - Without Parent/Legal Guardian Present

### AUTHORIZATION:

*I have the legal right to preauthorize the office of Dr. John W. Kizior and his staff to deliver routine orthodontic treatment and services to my child. Routine Orthodontic care and interventions may include, but are not limited to: orthodontic exam, evaluation, panoramic x-rays, diagnostic photos, cephalometric x-rays, diagnostic casts and orthodontic services.*

*I __________________________ request and authorize the office of Dr. John W. Kizior and his staff to deliver routine orthodontic care to my child listed below as may be deemed necessary or advisable in the diagnosis and treatment of the minor child:*

Child's Name: ____________________________________ DOB: ___________________

Allergies: ___________________________________________________________________

Current Medications: ________________________________________________________

Chronic Conditions: __________________________________________________________

Limitations: (If none, state "none") _________________________________________

### Parental contact information for questions regarding treatment of the child:

Parent's Name: _________________________________________________________

Contact Info: (Cell) ______________________ (Home) _____________________

Mailing Address: ________________________________________________________

City ______________________ State _________ Zip Code ____________

*I hereby authorize ______________________________________ to bring his/ herself to regular orthodontic appointments if I am unable to attend. I understand that orthodontic advice will be relayed to them on my behalf. I understand and agree that the signatures and dates on this form will not expire without written notice or in case that a minor becomes the age of 18 and that a photocopy of this form is considered valid as the original.*

**Parent/Guardian Signature**____________________________________________ **Date**_______________

**JASPER** 2005 St. Charles Street, Suite 3 Jasper, IN 47546 **LOOGOOTEE** 201 E. Broadway Street, Loogootee, IN 47553

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