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Authorization to Consent to Dental Care for Minor

I, _____, am the custodial parent
having legal custody of _____, a minor child,
age _____ born _____.

I authorize _____, an adult in whose care
the minor child has been entrusted, to do any act that may be necessary or
proper to provide for the dental health care of the minor child.

PARENT: _____ DATE: _____

CUSTODIAL: _____ DATE: _____

Patient account number: _____