

PERMIT FOR DENTAL SERVICES UPON A MINOR

I, being the parent or guardian of (Child's Name) _____,
do hereby authorize and request the performance of dental services upon the person of this patient, and authorize
whatever procedures that the judgement of Dr. Jeff Alcaide may dictate during treatment. This may include the
administration of local anesthetics or nitrous oxide as deemed necessary by Dr. Alcaide for the comfort and well-
being of the child. I hereby authorize the release of records to and from other health professionals.

Your child's first visit will include an oral examination, x-ray diagnosis (when deemed necessary), cleaning and
fluoride treatment. You will then be informed of all services and given a cost estimate before any further treatment
is rendered for your child.

Date

Parent or Guardian Signature

Relationship to Patient