



PEDIATRIC DENTISTRY

JOSEPH A YALE, DDS
KATIE McCLENDON, DDS

245 Veterans Blvd
Denham Springs, La 70726
225-664-2646

Parent/ Guardian Consent

I, _____, Custodial Parent of

(Minor/ Minors)

Authorize Dr. Yale, Dr. McClendon, or Dr. Norbo and their employees to render dental treatment to the above listed child/ children.

If I am unable to attend any appointments with my child(ren), the names listed below are authorized to bring them to their appointments and to discuss my child(ren)'s dental care. I also give them permission to make treatment and financial decisions.

<u>Person's Name</u>	<u>Relationship to Patient</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/ Guardian Signature: _____

Date: _____