



I (we) the undersigned legal parent (s) or guardians of stated, _____
print child's name

a minor, do hereby authorize and consent to dental exam and treatment rendered under the general or special supervision of Dr Mundy-Burgett. It is understood that this authorization is given in advance of any specific diagnosis, recommended treatment or recommended dental care being required but is given to provide authority and power to render care, which aforementioned doctor in the exercise of her best judgement may deem advisable.

Restrictions:

Parent/ Guardian Signature Date