

Third Party Consent Form

I, the undersigned, being the individual having the authority to give legal consent for dental treatment of _____, a minor child,

(Name of Child/Children)

I do hereby authorize _____ to act as my agent to

(Name of Agent/Relationship)

consent to such treatment and care.

In signing this form, I warrant that I have read and am voluntarily signing this agreement, under the understanding this authorization provides the above agent with the authority and power to give that consent for options listed below. I am also aware that I shall be liable and agree to pay all costs and expenses incurred in connection with such services rendered to the child/children on the day of service, pursuant to this authorization.

I hereby authorize **Dr. Yoosung Suh DMD and/or Dr. Eric Hunt DMD** to perform upon the above-mentioned child/children the following procedure(s):

- Checkup/cleaning**
- X-rays**
- Fluoride**
- Sealants**
- Make future appointments**

This authorization shall remain effective unless revoked in writing at a later date.

**** With this consent, Charm Pediatric Dentistry is not required to update parent/legal guardian on child's appointment summary. The chosen agent should be informing you. ****

Parent/Guardian signature

Date